

Name
in
Full

Charles May Anders

CERTIFICATE OF DEATH

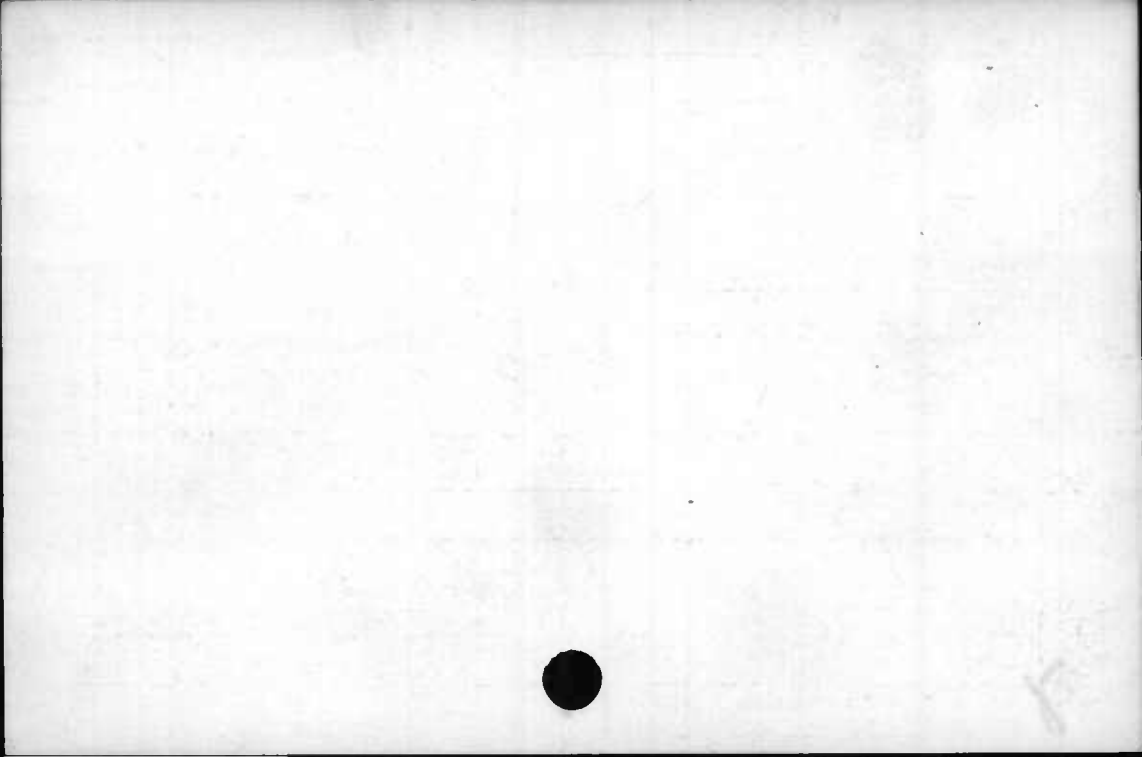
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cascade</u>		Town <u>Washington</u>		County <u>Washington</u>		MARYLAND					
Date of death <u>1906</u>		Month <u>Oct</u>		Day <u>14</u>		Age <u>59</u>		Months <u>2</u>		Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Cumtland Co</u>							
Occupation <u>Hotel Keeper</u>				Where Residing if not at place of death <u>Cascade</u>							
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mrs C. M. Anders</u>									
Father's Name <u>Moses Anders</u>		Father's Birthplace <u>Ind</u>									
Mother's Maiden Name <u>Eliza Harlow</u>		Mother's Birthplace <u>Ind</u>									
Name of person giving information <u>Mrs C. M. Anders</u>		How related to deceased <u>Wife</u>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>		How long <u>27</u>	
Immediate <u>Accouch</u>		How long <u>Two days</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. Z. Amberson</u>	
		Address <u>Waynesboro Penna</u>	
Accident or Suicide?			



Name In Full <i>Herbert Franklin Avery</i>		Town <i>Trigo</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Trigo</i>		Month <i>10</i>		Day <i>21</i>		Age <i>3</i>	
Date of death <i>1906</i>		Month <i>10</i>		Day <i>21</i>		Age <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Trigo</i>		Months <i>7</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Trigo</i>		Days <i>2</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Avery</i>		Father's Birthplace <i>Lanaysville</i>					
Mother's Maiden Name <i>Carrin H. Mullendorn</i>		Mother's Birthplace <i>Robinsonville</i>					
Name of person giving information <i>William Avery</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH			
Primary <i>Do not know</i>		How long <i>118</i>	
Immediate <i>Appendicitis</i>		How long <i>72 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. M. Kihiser</i>	
		Address <i>Keedyville</i>	
Accident or Suicide? <i>9</i>		<i>Mo</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beaver Creek</i> Town <i>Washington</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>24</i>	Age <i>78</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband		
Father's Name <i>Henry Baruch</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Elizabeth Baker</i>	Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Abraham Baruch</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis & Ed. Cordis</i>	How long <i>1 yr</i>
Immediate <i>Eclampsia</i>	How long <i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. P. Miller</i>
	Address <i>Washington MD</i>
Accident or Suicide?	

Middlebury Pa

Ark Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>10</i>	Day	<i>12</i>	Age	<i>8</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>		Months <i>-</i>	
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thomas Bell</i>		Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>			
Mother's Maiden Name <i>Mary A Brown</i>		How related to deceased <i>Mother</i>		Name of person giving information <i>Mary Brown</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>6 days</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. M. Wagoner</i>
		Address	<i>Hagerstown md</i>
Accident or Suicide?	<i>No</i>		

Halfway

2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gennie Bell</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>10</i>		Day <i>11</i>		Age <i>9</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thomas Bell</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary A Brown</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Mary Bell</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>7 days</i>
Immediate <i>Cardiac Failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Dayman</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	

Halpway

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>State Line Pa</i>		Town <i>Franklin</i>		County	
Date of death <i>1906</i>	Month <i>October</i>	Day <i>6</i>	Age <i>69</i>	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth place <i>Hedington Co Md</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>State Line Pa</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>David B. Bowersinger</i>				
Father's Name <i>John Woodland</i>	Father's Birthplace <i>Hedington Co Md</i>				
Mother's Maiden Name <i>Catharine Thomas</i>	Mother's Birthplace <i>W. S. Franklin Co Pa</i>				
Name of person giving information <i>(Daughter) M. L. Bowersinger</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma (Cancer)</i>	How long <i>6 years</i>
Immediate <i>Blood Cancer</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Franklin A. Bowersinger</i>
	Address <i>Greencastle Pa</i>
Accident or Suicide? <i>unintentional</i>	<i>A. R. Bowersinger</i>

Middleburg

Abm. Barber, Lind St,

Name
in
Full

Sarah Brewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>10</i>	Age <i>91</i>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>md.</i>			
Occupation <i>Lady of Leisure</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Geo Brewer</i>	Father's Birthplace				
Mother's Maiden Name <i>Stubb</i>	Mother's Birthplace				
Name of person giving information <i>John Brewer</i>	How related to deceased <i>nephew</i>				

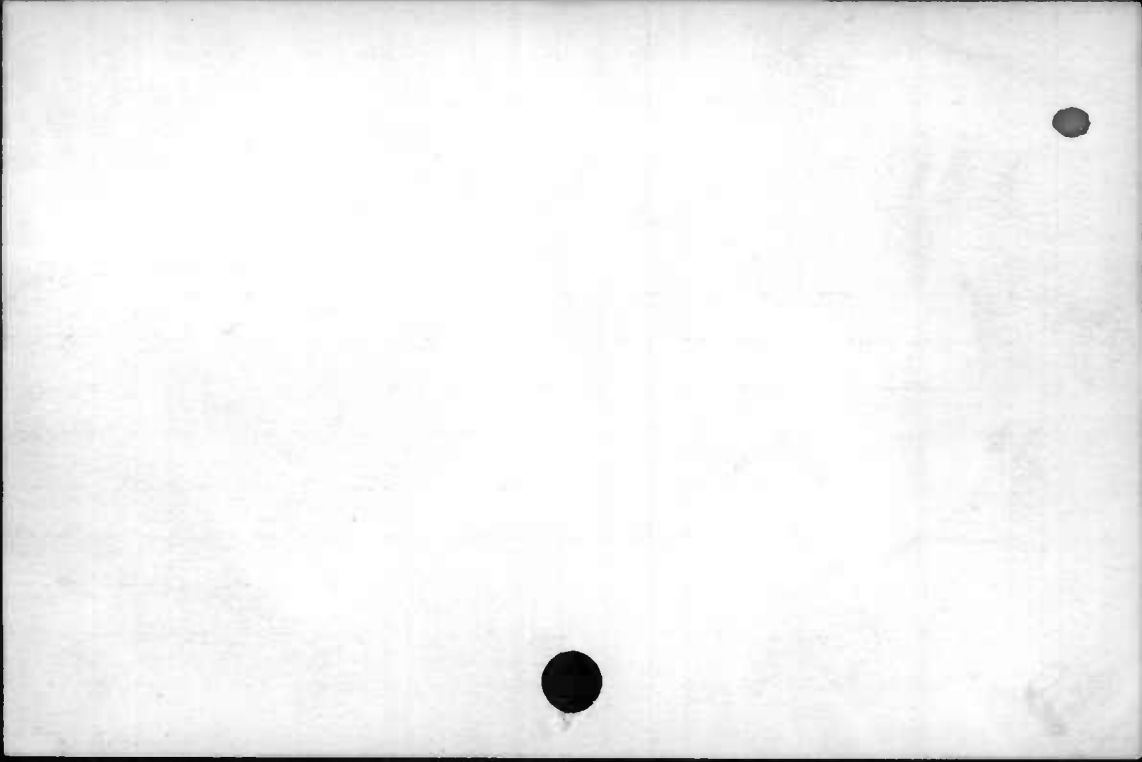
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. P. Tauffe</i>
	Address
Accident or Suicide?	

St Pauls. —

Name in Full		Charles M. Buфф.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
				Hagerstown	Washington		
		Date of death	Month	Day	Years	Months	Days
		1906	Oct.	21	48		
		Age					
Sex		Color or Race		Birthplace			
male		white		Penn.			
Occupation		Where Residing If not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
married		Emma Buфф					
Father's Name		Mother's Maiden Name		Father's Birthplace			
John Buфф.		Annie Simpson		Germany			
Name of person giving information		How related to deceased					
Emma Buфф		wife					
CAUSES OF DEATH							
Primary		How long					
Anemia		3 days					
Immediate		How long					
Exhaustion		"					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		F. C. Miller					
		Address					
		Hagerstown					
Accident or Suicide?							
No							



Name
In
Full

Ida Cordelia Clipp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Yanonsburg		County Washington		MARYLAND	
Date of death	1906	Month 10	Day 9	Age 6	Yaars	Months 5	Days 9
Sex	Female		Color or Race	White		Birth- place	Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Albertus Clipp		Father's Birthplace	
Mothar's Maiden Name				Martha Hoffmaster		Mothar's Birthplace	
Name of person giving In formation				James Hoffmaster		How related to decesad	
						Grand father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	6 days
Immediata	Paralysis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. J. J. Foster	
		Address	
		Brownville	
Accident or Suicida?		Md	



Name
in
Full

Catharine Detrow

CERTIFICATE OF DEATH

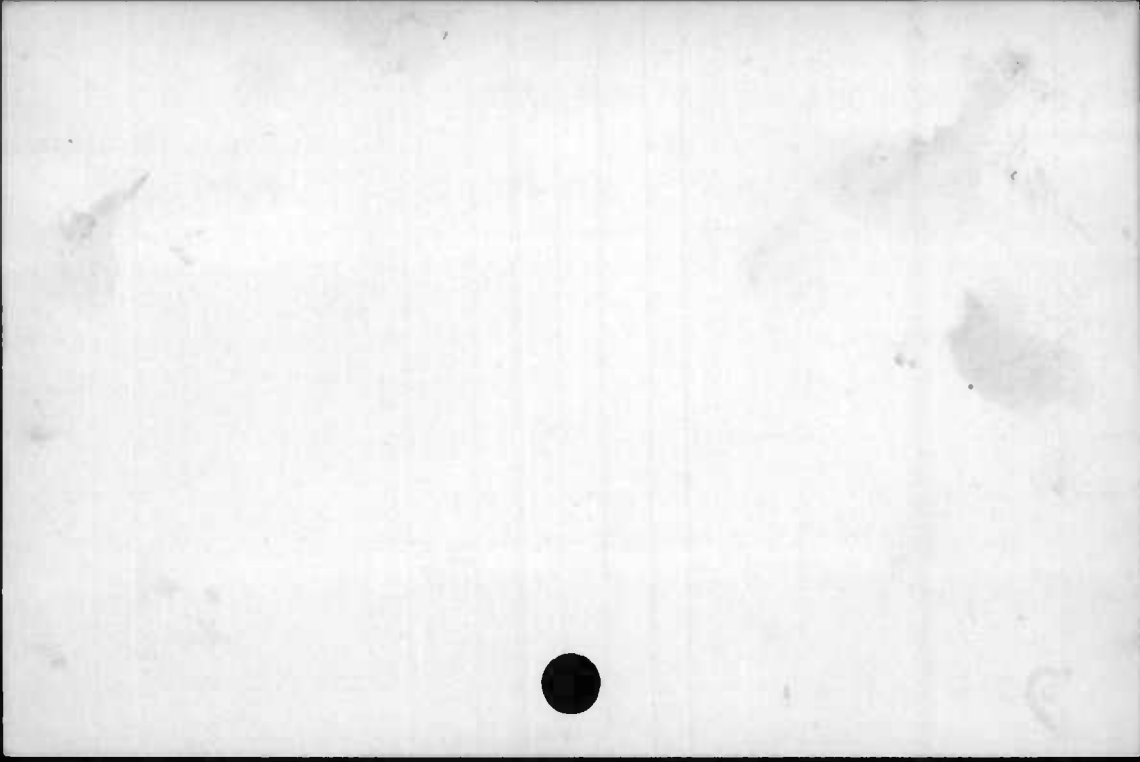
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beaver Creek</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct</i>	Day	<i>13</i>
Age		<i>61</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Washington Co</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Beaver Creek</i>		
Married, Single or Widowed	<i>widowed</i>	Name of Wife or Husband <i>John Detrow</i>			
Father's Name	<i>Matthias Hoffman</i>			Father's Birthplace	<i>Washington Co</i>
Mother's Maiden Name	<i>Nancy Hoffman</i>			Mother's Birthplace	<i>Washington Co</i>
Name of person giving information	<i>Wm. Hoffman</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Exophthalmic Goiter et Nephritis</i>	How long	<i>6 mos</i>
Immediate	<i>Heart Failure et Asthenia</i>	How long	<i>immediately</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Mrs. A. Quinn M.D.</i>
		Address	<i>Chewsville</i>
			<i>Maryland</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

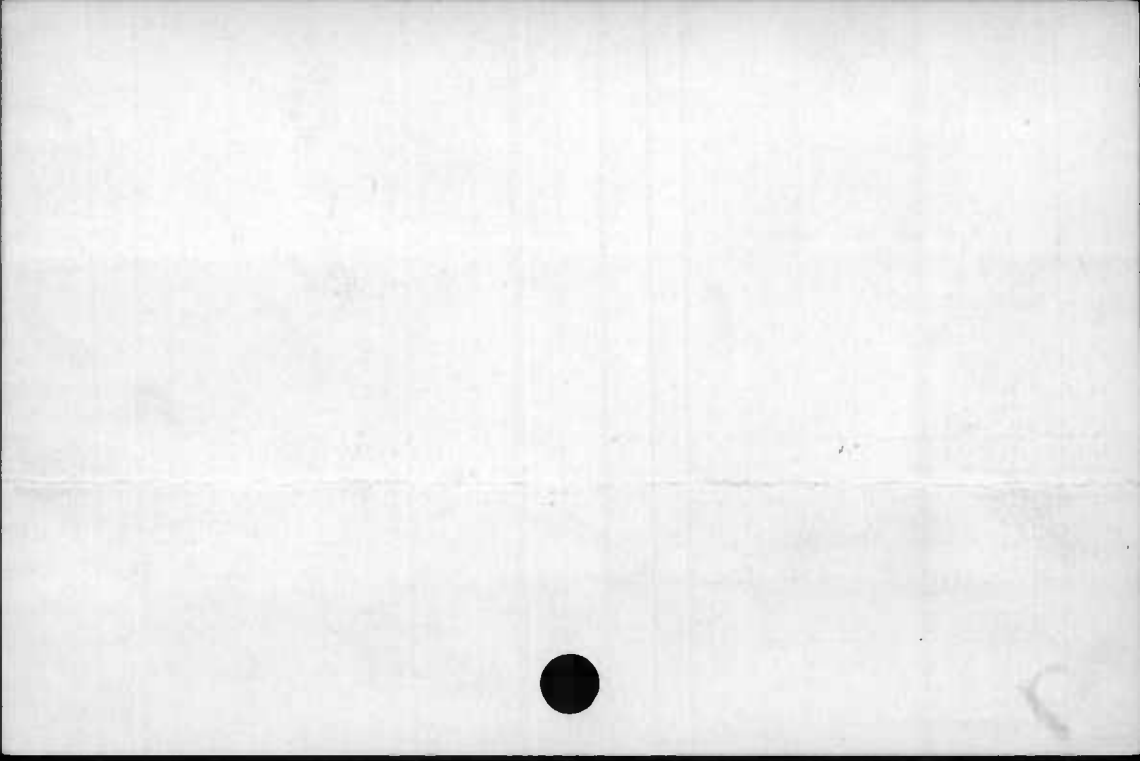
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Beaver Creek</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month <i>October</i>	Day <i>20</i>	Age <i>1</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Hagerstown</i>		Occupation <i>Beaver Creek</i>		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>J. H. Drury</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sada Stouffer</i>			Mother's Birthplace				
Name of person giving in formation <i>J. H. Drury</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastro, Enteritis</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion, Spasms</i>	How long	<i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. Hubert Wade, M.D.</i>	<i>Boonsboro.</i>
Accident or Suicide?	<i>No</i>	Address <i>Maryland</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Robert Farmer		Town Hagerstown		County Washington		State MARYLAND	
Died at Hagerstown		Date of death 1906		Month 10		Day 13	
Sex Male		Color or Race Colored		Age 65		Years 1	
Occupation Laborer		Birth-place md		Months 1		Days 6	
Where Residing if not at place of death							
Married, Single or Widowed Married		Name of Wife or Husband Hannah Farmer					
Father's Name Jerry Farmer		Father's Birthplace md					
Mother's Maiden Name Susan Gabbey		Mother's Birthplace md					
Name of person giving information Hannah Farmer		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease of Kidney	How long	Least Known
Immediate	Uræmia	How long	2 days.
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician H. J. Herrman	
		Address Hagerstown md	
Is it a case of suicide?			

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Name
in
Full

CERTIFICATE OF DEATH

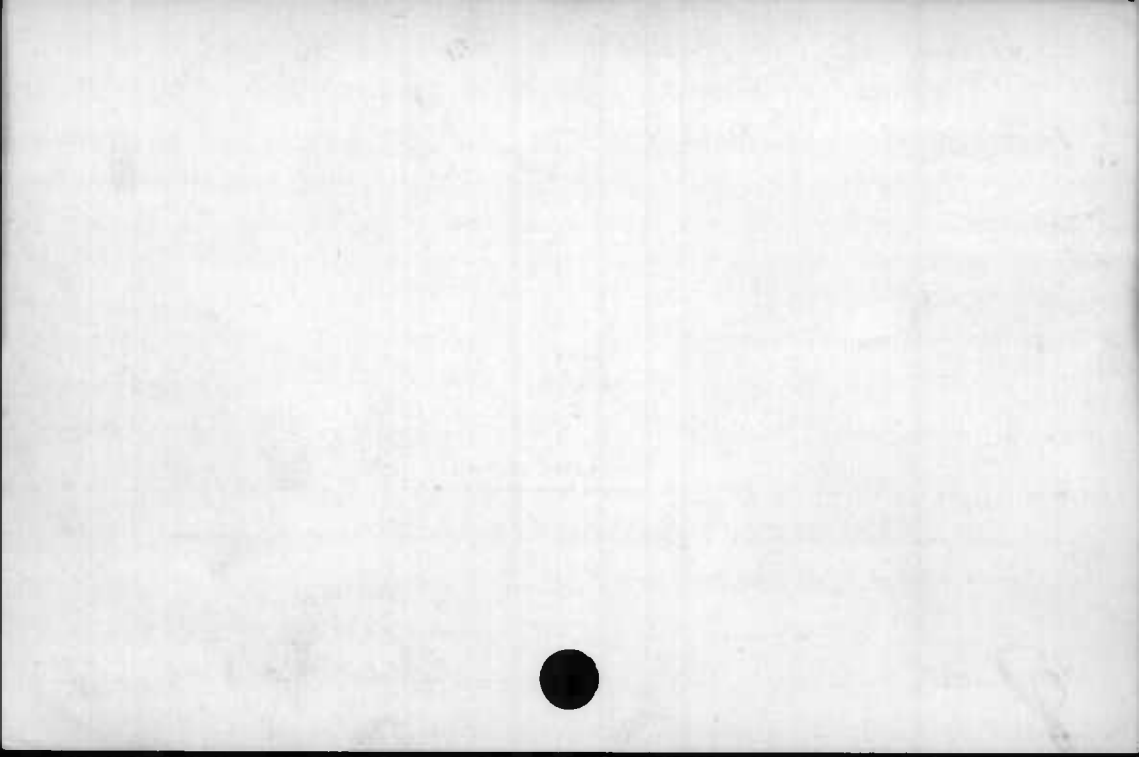
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Faulder</i>		Town <i>Smoketown</i>		County <i>Washington</i>		State <i>MARYLAND</i>			
Died at <i>Smoketown</i>		Date of death <i>1906 Oct 23</i>		Age <i>15</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Smoketown Md</i>					
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Smoketown</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>L. B. Faulders</i>		Father's Birthplace <i>Washington Co</i>							
Mother's Maiden Name <i>Jinez V Meddle</i>		Mother's Birthplace <i>" "</i>							
Name of person giving In formation <i>John L. Reese</i>		How related to deceased <i>Brother in Law</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>5 years</i>
Immediate <i>Acute muscular Rheumatism</i>	How long <i>6 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. Smith</i>
<i>9</i>	Address <i>Barnesboro Md</i>
	<i>Rich</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Infant-Daughter, Wm Funkhouser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indian Spring</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Oct</i> ^{Month}	<i>18</i> ^{Day}	Age <i>7</i> ^{Years}	<i>7</i> ^{Months}	<i>7</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Indian Spring, Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single <input checked="" type="checkbox"/> or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Funkhouser</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Ada Forsythe</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Father</i>		<i>110</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Yellow Atrophy of Liver</i>	How long
Immediate <i>Insanition</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C.T. Mason</i>
	Address <i>Clearspring Md</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

Premature child of Harry Garber

CERTIFICATE OF DEATH

Died at Hagerston ^{Town} Washington ^{County} **MARYLAND**

Date of death 1906 ^{Month} 10 ^{Day} 24 ^{Years} — ^{Months} — ^{Days} 1

Sex Female Color or Race White Birth-place MD

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Harry Garber Father's Birthplace MD

Mother's Maiden Name Fattie E. Noel Mother's Birthplace MD

Name of person giving information — How related to deceased —

CAUSES OF DEATH

Primary Not Viable How long —

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. C. Monahan

Address —

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Hagerstown

is Full

Catharine C. Gehl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pestonville</u> Town			County <u>Wash.</u>			MARYLAND		
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>17</u>	Age <u>60</u>	Years <u>60</u>	Months <u></u>	Days <u>6</u>		
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Pestonville</u>				
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>Pestonville</u>					
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u>Wm Gehl</u>					
Father's Name <u>Wm Mummert</u>				Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Barbara Almen</u>				Mother's Birthplace <u>Pa</u>				
Name of person giving information <u>Daniel Mummert</u>				How related to deceased <u>Bro</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long	
Immediate	<u>Cystitis</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. A. West</u>	
		Address <u>Hancock Md.</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

Homer R. Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gopland</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>10</i>	Day <i>18</i>	Age <i>13</i>	Years	Months <i>2</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>X</i>			Name of Wife or Husband <i>_____</i>				
Father's Name <i>Joseph Gordon</i>			Father's Birthplace <i>Ga</i>				
Mother's Maiden Name <i>Margaret Fouch</i>			Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Clarence Gordon</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>19</i>
Immediate <i>Weak Heart</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Fontaine</i>
	Address <i>Brownsville Md</i>
Accident or Suicide? <i>X</i>	



Name in Full Ann Grimm		Town Eakles Mills		County Washington		State MARYLAND	
Died at		Month 10		Day 6		Years 78	
Date of death 1906		Months 5		Days 8			
Sex Female		Color or Race White		Birthplace Kearneysville			
Occupation Housewife		Where Residing if not at place of death Eakles Mills					
Married, Single or Widowed Widowed		Name of Wife or Husband Daniel Grimm					
Father's Name Jacob Stoops Stamps		Father's Birthplace York Pa					
Mother's Maiden Name Elizabeth Middlkauff		Mother's Birthplace Bakersville					
Name of person giving information Ford Grimm		How related to deceased Son					

CAUSES OF DEATH			
Primary	Old Age	How long	10 years
Immediate	Paralysis	How long	10 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. M. Fisher	
		Address Kudgaville Md	
<div style="display: flex; align-items: center;"> <div style="width: 50px; height: 50px; background-color: black; border-radius: 50%; margin-right: 10px;"></div> <div> <p>Accident or Suicide?</p> </div> </div>			



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamstown</i>			County <i>Was</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>20</i>	Age <i>75</i>	Months <i>1</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Praesburg</i>			
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>in Wmstown Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Dahl Grove</i>				Father's Birthplace <i>Lancaster Pa</i>		
Mother's Maiden Name <i>Fannie Culp</i>				Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Norman Grove</i>				How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Four days</i>
Immediate <i>Exhaustion</i>	How long <i>Four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. S. Richardson</i>
	Address <i>Williamstown Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

William Hail

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Brewer Town Washington County

Date of death 1906 Oct Month 2 Day Age 52 Years Months — Days —

Sex Male Color or Race white Birth-place Md.

Occupation Carpenter Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Albert Hail Father's Birthplace St. Mary,

Mother's Maiden Name Caroline Bloemenour Mother's Birthplace "

Name of person giving information Mrs. Chas. Rault How related to deceased sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Phthisis Pulmonalis How long 1 Year

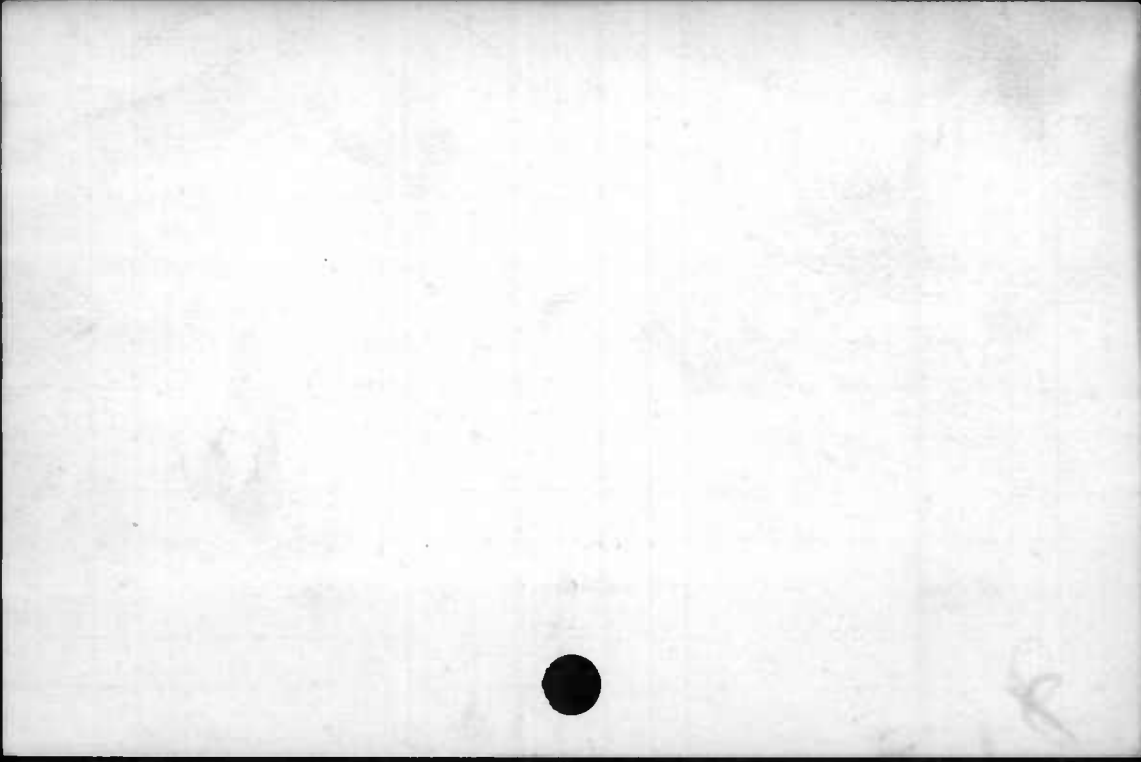
Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. J. Thomson

Address Hagerstown Md

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1906	Month	10	Day	30
Age	47	Years		Months	
Sex	male	Color or Race	white	Birth-place	<i>W.D.</i>
Occupation	<i>Laborer.</i>		Where Residing if not at place of death <i>Sharpsburg, Md.</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Not Known</i>			
Father's Name	<i>Not Known</i>			Father's Birthplace	
Mother's Maiden Name	<i>" "</i>			Mother's Birthplace	
Name of person giving information	<i>C. E. Suber</i>			How related to deceased <i>none</i>	

CAUSES OF DEATH

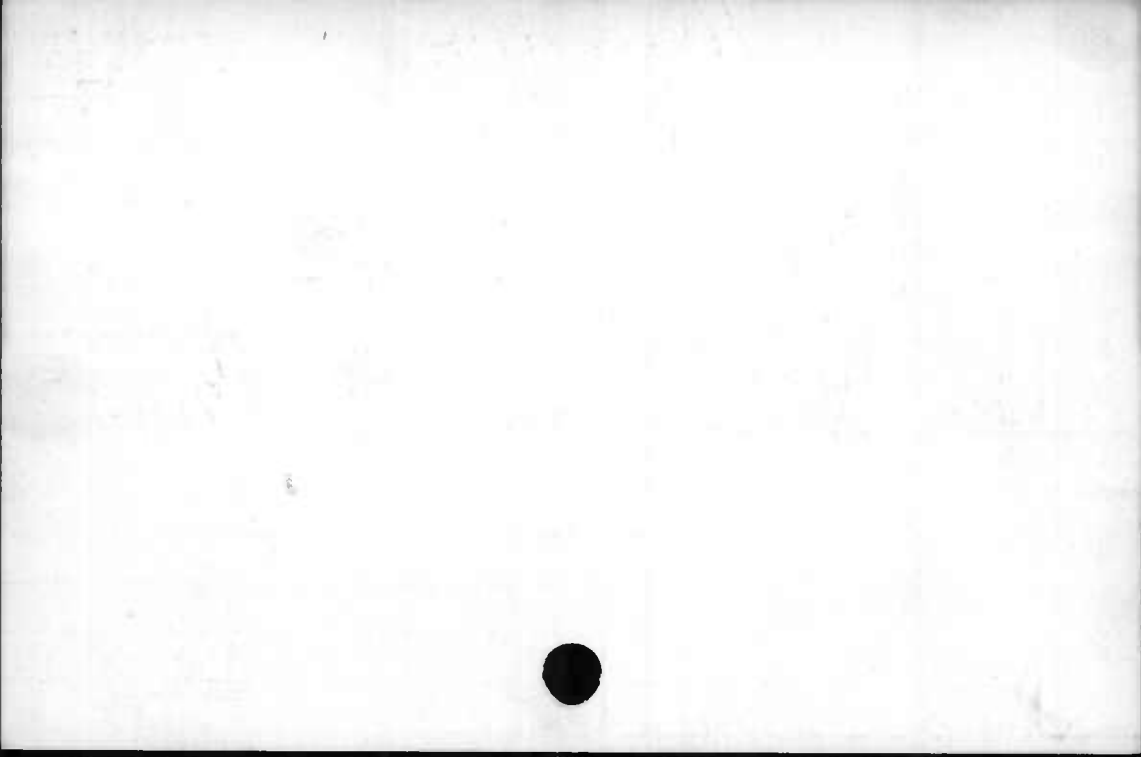
PHYSICIAN
OR CORONER

Primary	<i>R. R. Accident</i>	How long
Immediate	<i>Shock</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>C. M. Syder & Son</i>
<i>yes</i>		Address <i>Hagerstown, Md.</i>
Accident or <i>?</i>		

Shapobury,

C M Suter & Son

Name In Full		Town		County		State	
Joshua 'Henderson		Riversville		Wash		Maryland	
Died at		Date of death	Month	Day	Age	Years	Months
		1906	10	11	42		
Sex		Color or Race		Birthplace			
Male		Colored		Petersville			
Occupation		Where Residing if not at place of death					
Laborer		Petersville					
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Aminia Henderson					
Father's Name		Father's Birthplace					
Husley Henderson		Petersville					
Mother's Maiden Name		Mother's Birthplace					
Miss Johnson		Virginia					
Name of person giving information		How related to deceased					
David Magaha		None					
CAUSES OF DEATH							
Primary		How long					
R.R. Accident		166					
Immediate		How long					
Accident							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		H. M. Niles					
		Address					
		Riversville Md					
Accident or Suicide?							
Accident							



Name
in
Full

Elizabeth Hershey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1906		Oct	17	Age 77		16
Sex Female		Color or Race White		Birth-place Penna		
Occupation Housewife		Where Residing if not at place of death				
Married, Single or Widowed Widow		Name of Wife or Husband				
Father's Name Wm. L. Howell		Father's Birthplace Not known				
Mother's Maiden Name Elizabeth Beck		Mother's Birthplace				
Name of person giving information L. G. Hershey		How related to deceased Son.				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage.	How long	24 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Harry D. Chapman	
Address		Wilmington Pa	
Accident or Suicide?			



Name
in
Full

Samuel E. Hoover.

CERTIFICATE OF DEATH

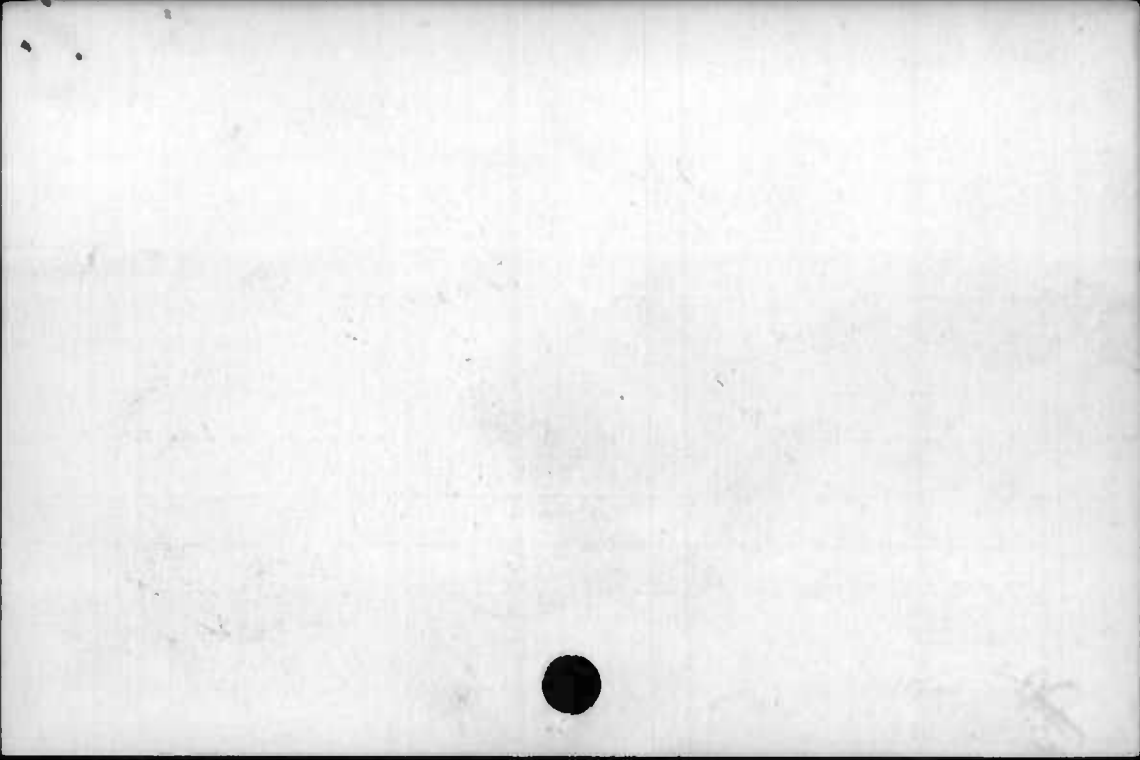
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death		1904	10	3	6	5-	
Sex		Color or Race		Birth-place			
male		White		Lumburg			
Occupation		Where Residing if not at place of death					
None		Hagerstown					
Married, Single or Widowed		Name of Wife or Husband					
		Aaron Hoover					
Father's Name		Father's Birthplace					
Aaron Hoover		Ruggswood					
Mother's Maiden Name		Mother's Birthplace					
Rebecca Eschelman		Lefort					
Name of person giving information		How related to deceased					
Aaron Hoover		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Summer Complaint	
Immediate	How long
Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	J. L. Musick M.D.
	Address
	Lumburg
	7th
Accident or Suicide?	



Name
in
Full

Grace Bechuell Hynson

CERTIFICATE OF DEATH

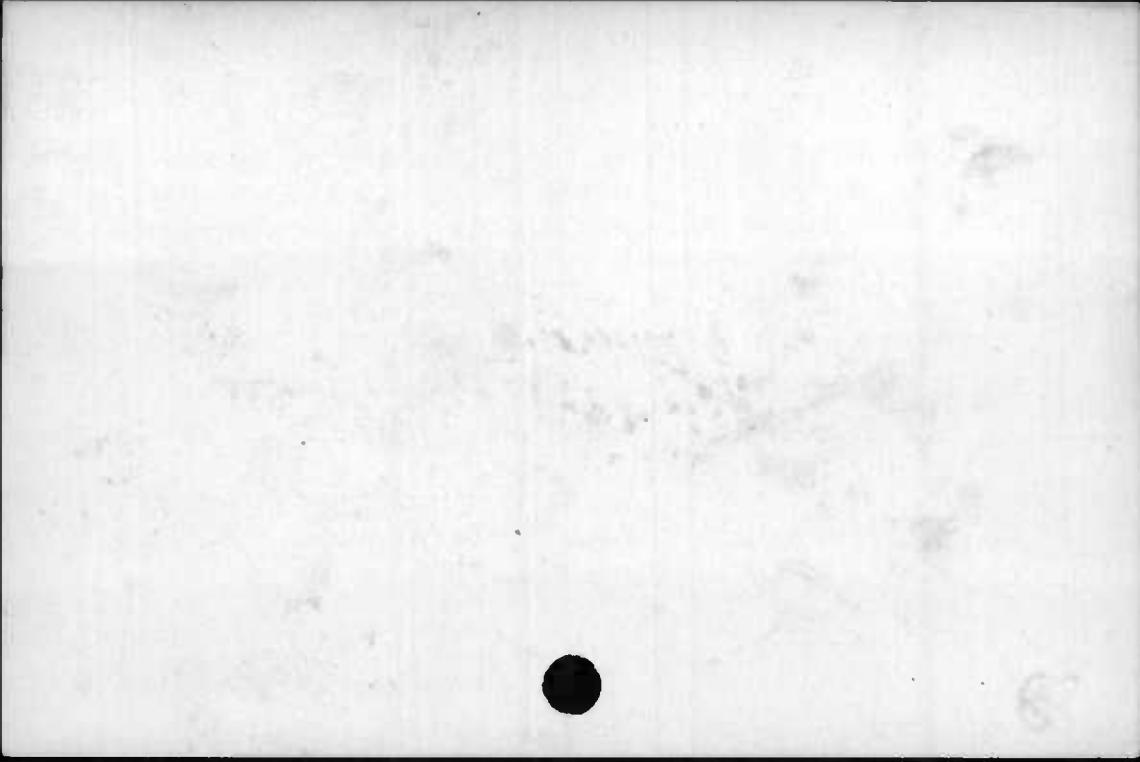
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i> Town <i>Washington</i> County		MARYLAND				
Date of death <i>1906</i>	Month <i>10</i>	Day <i>14</i>	Age <i>24</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race		Birth-place			
Occupation <i>Nurse</i>	<i>white</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>Chas E Hynson</i>	Father's Birthplace <i>And Pennsylvania</i>					
Mother's Maiden Name <i>Virginia S Hynson</i>	Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Geo Hynson</i>	How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonary</i>	How long <i>2 yrs</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J L Massie M.D.</i>
	Address <i>Smithsburg</i>
Accident or Suicide?	<i>M.D.</i>



Name
in
Full

Hilda Louise Iselin

CERTIFICATE OF DEATH

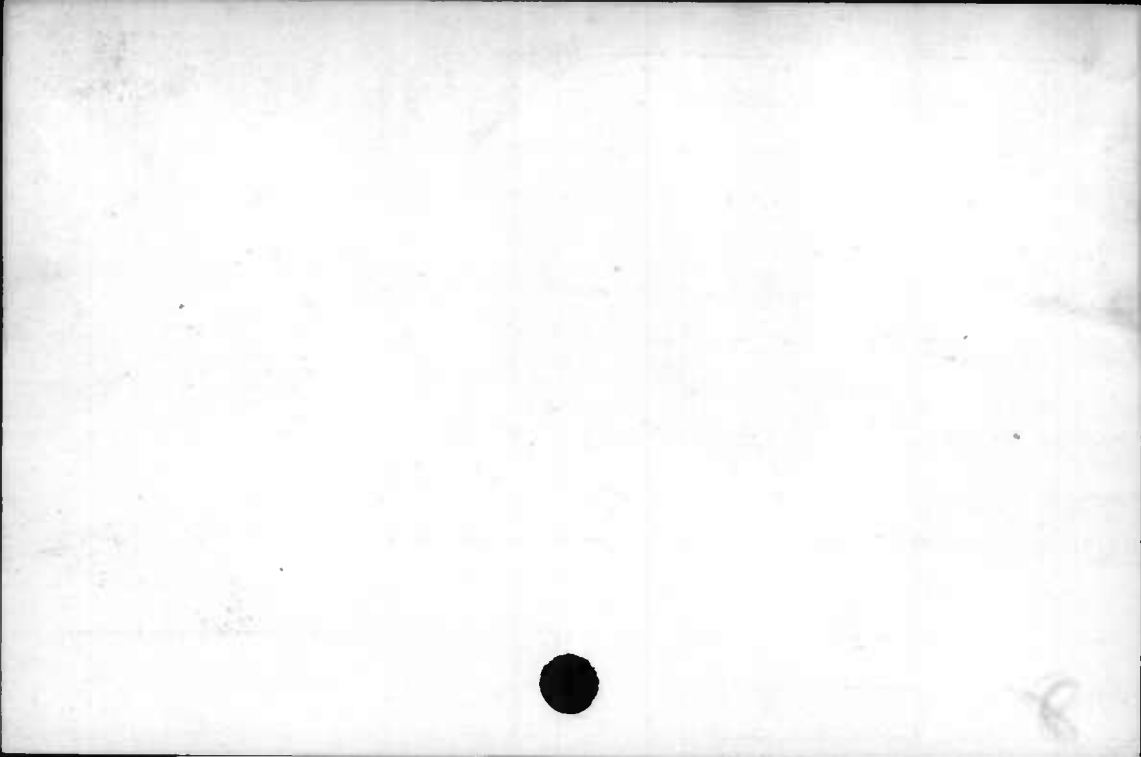
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Merreston		County Washington		MARYLAND	
Date of death	1906	Month 10	Day 9	Age	Years	Months	Days 7
Sex	Female		Color or Race	White		Birth- place	Mo
Occupation	~~~~~			Where Residing if not at place of death ~~~~~			
Married, Single or Widowed	<input checked="" type="checkbox"/> Married			Name of Wife or Husband ~~~~~			
Father's Name	Clarence Iselin					Father's Birthplace	W. Va
Mother's Maiden Name	Beauregard Holder					Mother's Birthplace	Mo
Name of person giving In formation	Clarence Iselin					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemorrhage	How long	2 days
Immediate	~~~~~	How long	~~~~~
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. J. Yountee,
		Address	Brunswick, Mo
Accident or Suicide?	<input checked="" type="checkbox"/> No		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Hagerstown* ^{Town} *Washington* ^{County}Date of death 190 *Oct* Month *14* Day Age *49* Years Months Days *6*Sex *Female* Color or Race *White* Birth-place *Washington Co*Occupation *House wife -*Where Residing if not at place of death *_____*

Married, Single or Widowed

Name of Wife or Husband

*Frank Kennedy*Father's Name *Washington L Berry*Father's Birthplace *Prairie Grove Co*Mother's Maiden Name *Abigail H Fitzhugh*Mother's Birthplace *Washington Co*Name of person giving information *A. S. Mason*How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Sarcoma of abdomen & Pleura*How long *3 1/2 months*Immediate *Heart Failure*How long *_____*

Are the name, age, sex, color, date and place correctly given above?

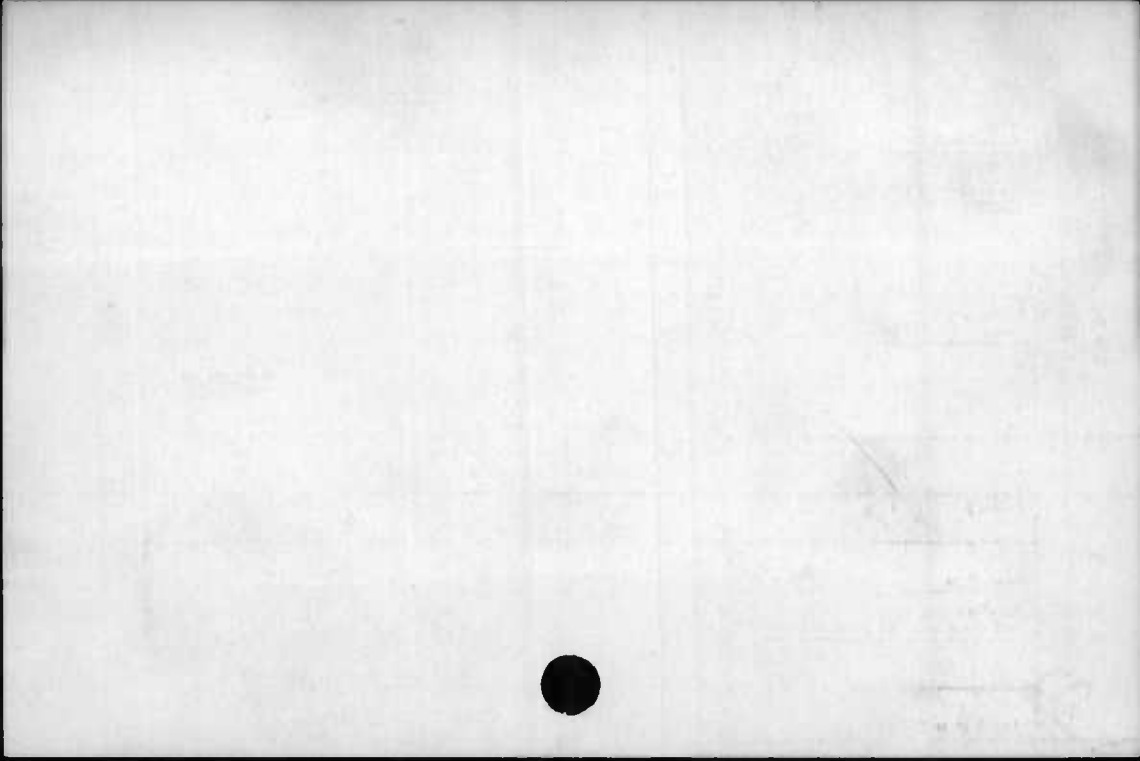
Yes

Signature of Physician

A S Mason

Address

*Hagerstown Md*Accident or Suicide? *_____*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct	19			11	14
Sex	Female	Color or Race	White		Birth-place	Md.	
Occupation	Child			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Robert L. Kneisley					Father's Birthplace	Md.
Mother's Maiden Name	Bessie Freigley					Mother's Birthplace	"
Name of person giving information	R. L. Kneisley					How related to deceased	father

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Immediate

Cardiac Failure

How long

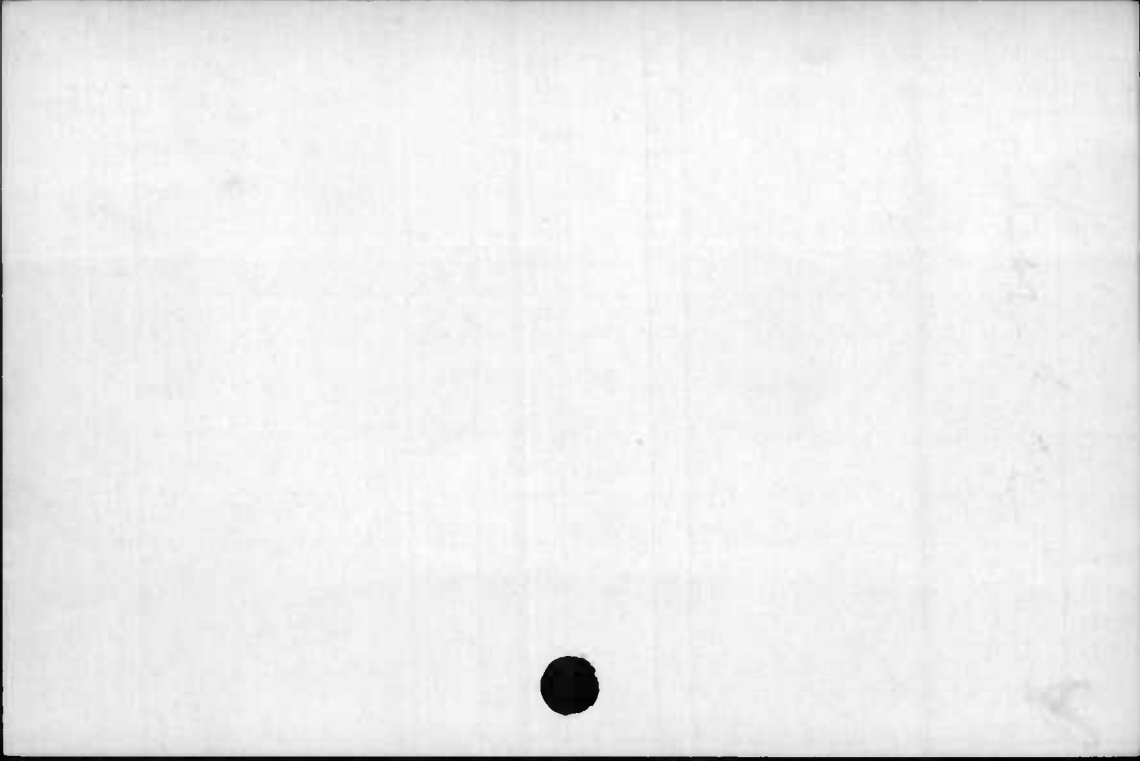
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O. R. Stauffer

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

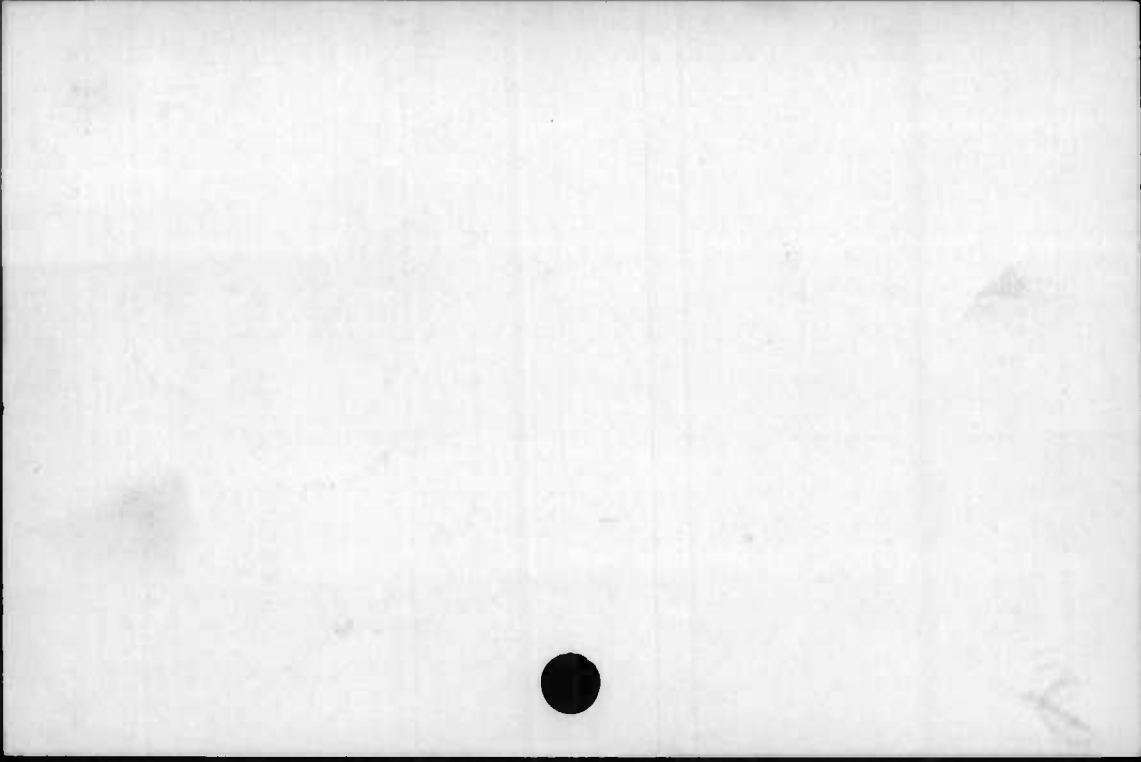
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Lunkstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>4</i>	Age <i>70</i>	Years <i>6</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Boonsboro Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Henry Knott</i>				
Father's Name <i>Jacob Hutzler</i>	Father's Birthplace <i>Washington Co</i>				
Mother's Maiden Name <i>Sarah Hutzler</i>	Mother's Birthplace <i>Idaho</i>				
Name of person giving information <i>Mrs Maona South</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart-Lesion</i>	How long <i>Some 4 years</i>
Immediate <i>(No Autopsy) Dropped dead</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. S. Davis</i>
	Address <i>Boonsboro Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

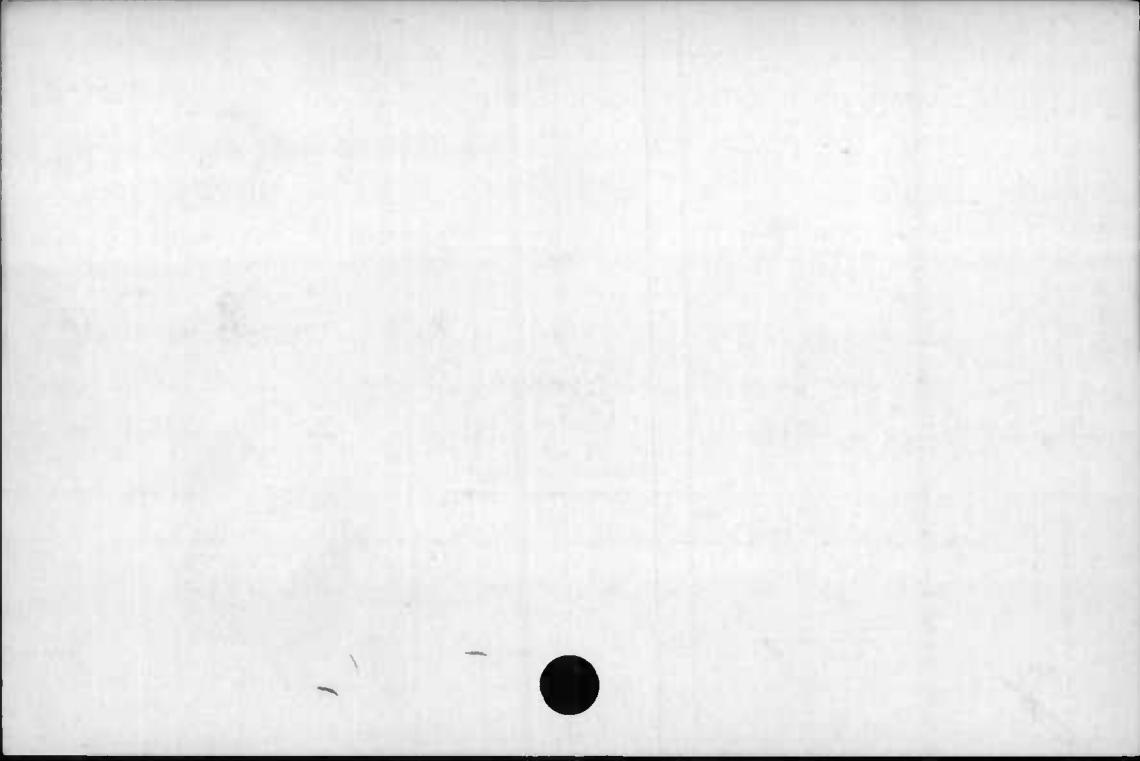
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martha Evelyn Knox</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>23</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hamrocks</i>				
Occupation			Where Residing if not at place of death <i>Died at home</i>				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Frank E. Knox</i>			Father's Birthplace <i>Penn</i>				
Mother's Maiden Name <i>Bertha R. Gleason</i>			Mother's Birthplace <i>Penn</i>				
Name of person giving information <i>F. E. Knox</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>one month</i>
Immediate <i>Starvation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Tabbey</i>
	Address <i>Hamrocks, Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pondsville near Chewonk Wash DC*Date of death *1906 Oct 29* Age *1* Months *—* Days *—*Sex *Male* Color or Race *White* Birth-place *Pondsville*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Henry Kuchu* Father's Birthplace *Fred C*Mother's Maiden Name *Mary C. Meyers* Mother's Birthplace *Fred. C*Name of person giving information *Henry Kuchu* How related to deceased *Father*

CAUSES OF DEATH

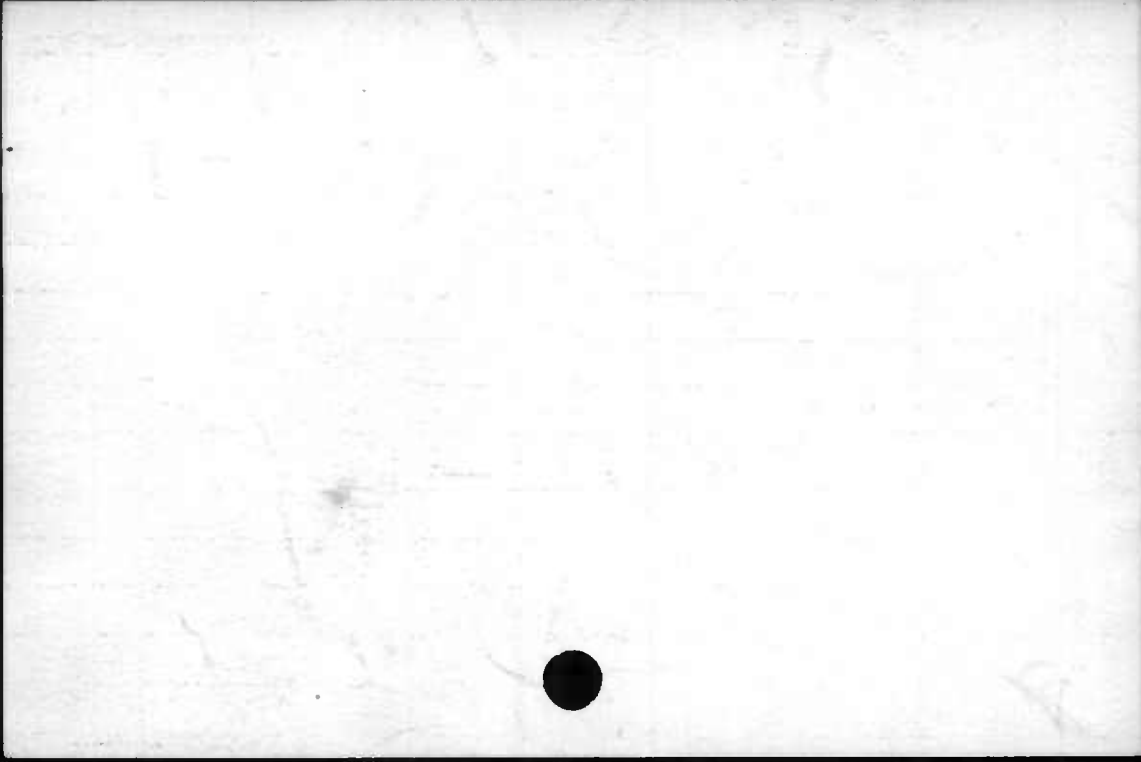
Primary *Acute Colitis* *105* How long *8 days*Immediate *Asthenia* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>14</i>	Age <i>8</i>	Years <i>8</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Child</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Brooks Kakic</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sallie Snyder</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Sallie Kakic</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drown</i>	How long <i>✓</i>
Immediate <i>Shock</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Theo Poase</i>
	Address <i>Hagerstown, Md</i>
Accident or Suicide? <i>Accident</i>	

Rue Hill

Name
in
Full

CERTIFICATE OF DEATH

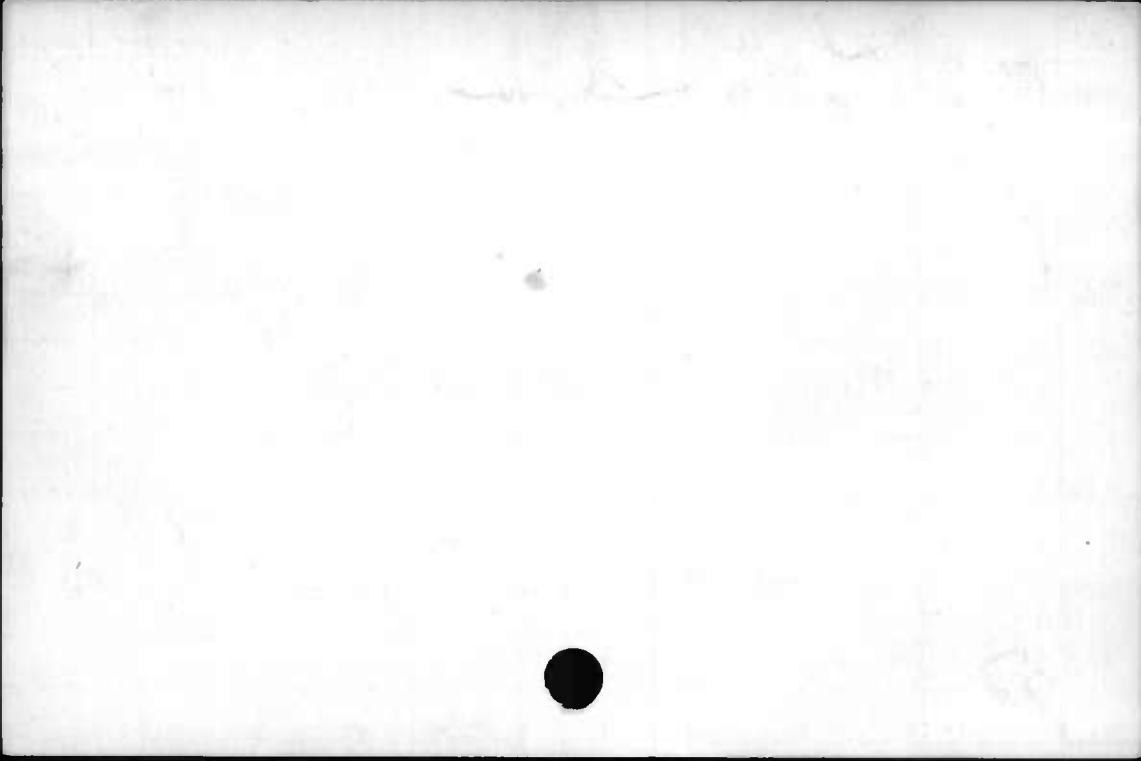
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Louisa Grove</u> Town <u>Washington</u> County <u>State</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>10</u>	Day <u>29</u>	Age <u>57</u> Years <u>5</u> Months <u>12</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Louisa Grove</u>	
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Louisa Grove</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>		
Father's Name <u>Jacob Long</u>	Father's Birthplace <u>Washington Co</u>		
Mother's Maiden Name <u>Mary R. Rafterman</u>	Mother's Birthplace <u>Washington Co</u>		
Name of person giving information <u>John Long</u>	How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phtisis</u>	How long <u>2400 -</u>
Immediate <u>Acute Conges. Lungs</u>	How long <u>10 Days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. J. Davis</u>
	Address <u>Brownboro</u>
Accident or Suicide?	



Name
in
Full

Aubrey Duhamel M Gardell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wmport</u> ^{Town}		<u>Was</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>Oct</u> ^{Day} <u>6</u>		Age <u>70</u> ^{Years}		Months <u>4</u>	Days <u>10</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>near Halfway</u>	
Occupation <u>Boatman</u>		Where Residing if not at place of death <u>_____</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Cecelia Agnes Oliver</u>			
Father's Name <u>Richard M Gardell</u>		Father's Birthplace <u>York Pa</u>			
Mother's Maiden Name <u>Ann Maria Eckelberry</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Eugene M Gardell</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General Debility</u>	How long <u>one year</u>
Immediate <u>Heart Failure</u>	How long <u>died suddenly</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. Richardson</u>
	Address <u>Eviliana report Md.</u>
Accident or Suicide? <u>_____</u>	

2 A Kopf und

Name
In
Full

Gola L Malone

CERTIFICATE OF DEATH

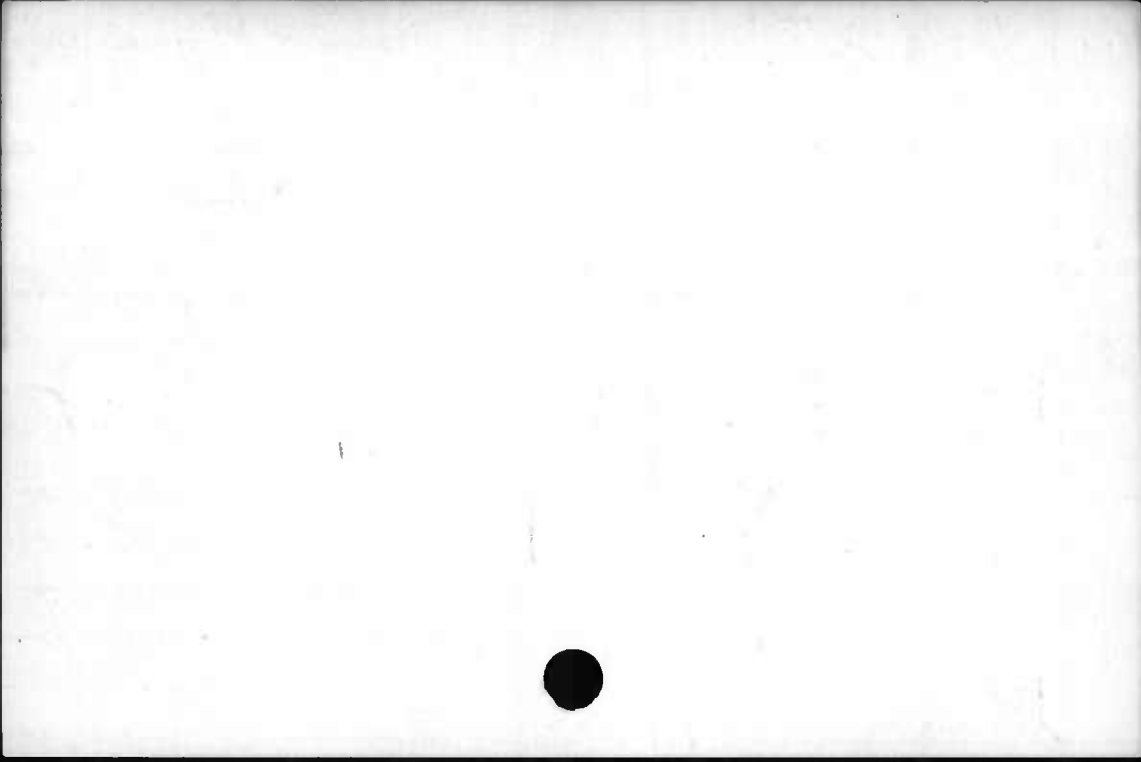
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kearneysville</i> <small>Town</small>		<i>Washington</i> <small>County</small>		<i>Clark</i> <small>MARYLAND</small>	
Date of death <i>1906</i>	<i>10</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <i>19</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Eaklas Mills</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Eaklas Mills</i>		
Married: Single or Widowed			Name of Wife or Husband		
Father's Name <i>Benjamin Malone</i>			Father's Birthplace <i>Ind Co</i>		
Mother's Maiden Name <i>Ellen Wright</i>			Mother's Birthplace <i>Sharpsburg</i>		
Name of person giving information <i>Benjamin Malone</i>			How related to deceased <i>Father</i>		

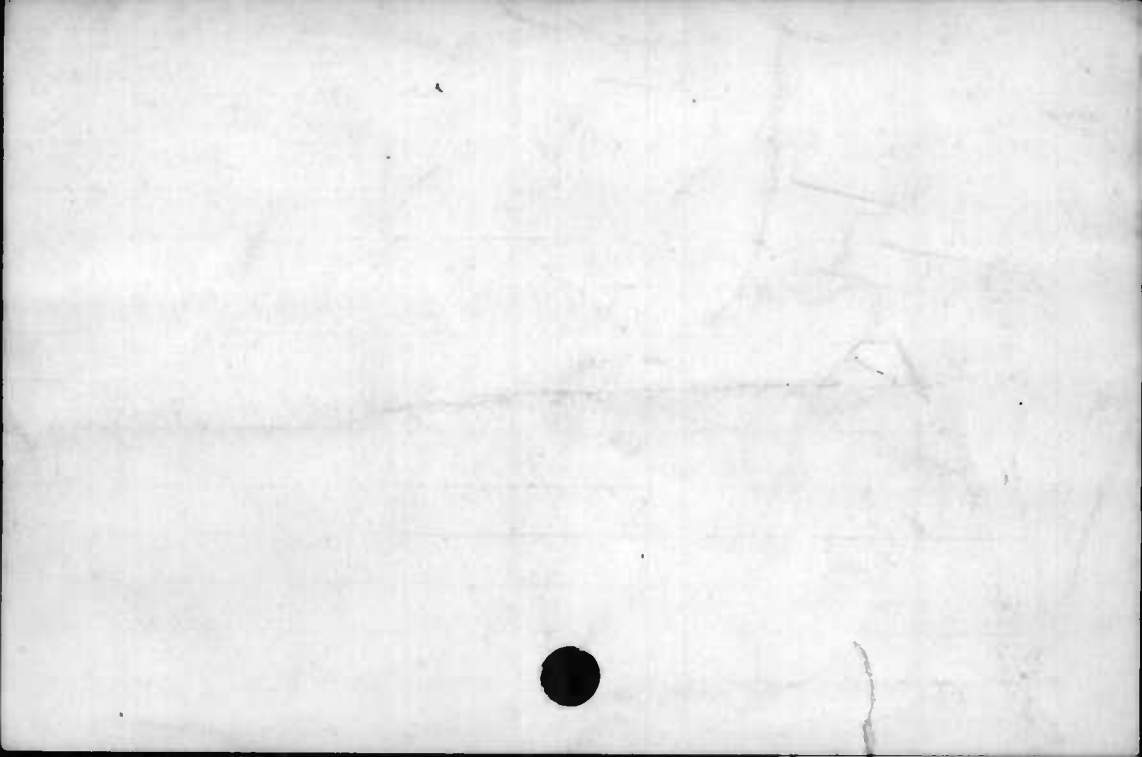
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>4 days</i>
Immediate <i>Tracheal infiltration</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Nixson</i>
<i>2</i>	Address <i>Kearneysville Md</i>
Accident or Suicide?	



Name in Full <i>Lucy Marton</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Emmitsville</i> Town		<i>Washington</i> County
	Date of death <i>1901 Oct 29</i>		Age <i>10</i> Months <i>19</i> Days
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pectonville</i>
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name <i>John R Martin</i>	Father's Birthplace <i>Iron Creek</i>	
Mother's Maiden Name <i>Mary Russell</i>	Mother's Birthplace <i>Millstone</i>		
Name of person giving information <i>John R Martin</i>	How related to deceased <i>Father</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	How long	
	Immediate <i>Diphtheria</i>	How long <i>8 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B M Fisher</i>	
		Address <i>Big Pool Maryland</i>	
<input checked="" type="checkbox"/> Accident or Suicide			



Name
in
Full

Sarah Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Clearspring ^{Town} Wash ^{County} **MARYLAND**

Date of death 1906 ^{Month} 10 ^{Day} 8- ^{Years} 5-6 ^{Months} 9 ^{Days} 4

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, ~~Single~~ or Widowed Name of Wife or Husband Andrew Miller

Father's Name Joseph Smith Father's Birthplace Md

Mother's Maiden Name Elizabeth Sarah Roland Mother's Birthplace 11

Name of person giving information Andrew Miller How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

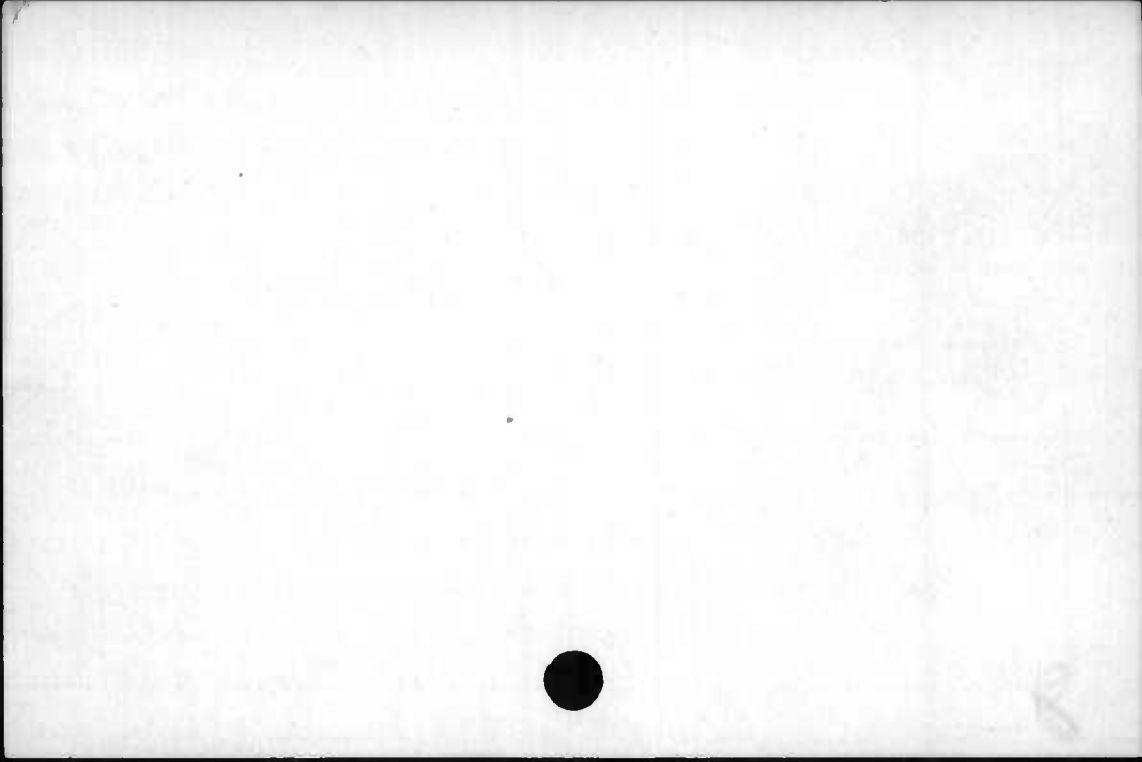
yes

Signature of Physician

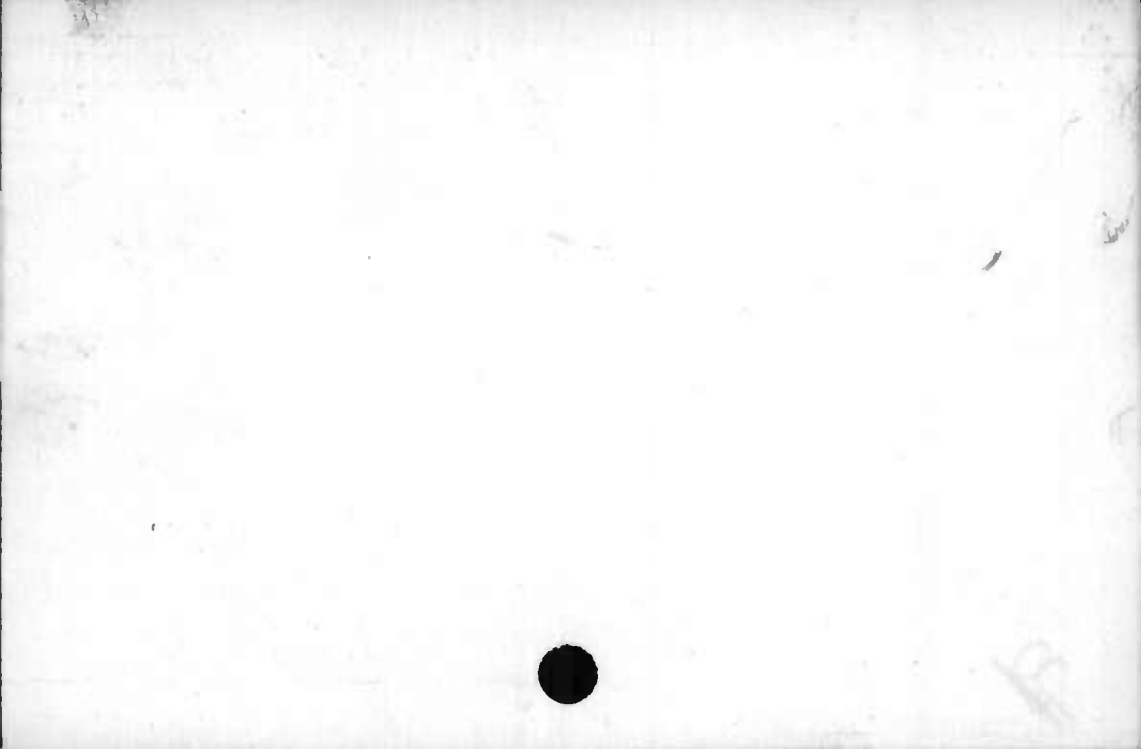
Address

Frank Bros
Undertakers

Accident or Suicide?



Name In Full		Town				County		STATE	
Miss Emma Mills		Herkhead		Washington		MARYLAND			
Died at		Date of death		Month		Day		Age	
		1906		10		10		42	
								Months	
								10	
								Days	
								13	
Sex		Color or Race		Birth-place					
Female		White		Maryland					
Occupation		Where Residing if not at place of death							
Housewife									
Married, Single or Widowed		Name of Wife or Husband							
Single		Alvey Mills							
Father's Name		Father's Birthplace							
David S. Myers		Md							
Mother's Maiden Name		Mother's Birthplace							
Margaret Blair		"							
Name of person giving information		How related to deceased							
Alvey Mills		Husband							
CAUSES OF DEATH									
Primary		How long							
8 months Pregnant		179							
Immediate		How long							
Heart Failure		1/2 hour							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		P. E. Steigens M.D.							
		Address							
		Hancock							
		Md							
Accident or Suicide?									



Name
In
Full

Susana Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wilson</i> ^{Town}		County <i>Washington</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>24</i>	Age <i>78</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Leitersburg</i>			
Occupation <i>Housewife</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Mitchell</i>				
Father's Name <i>Jacob Holbomer</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Lovell Shamhart</i>	Mother's Birthplace <i>Ind</i>				
Name of parson giving information <i>Geo S Fockler</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>10 yrs.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. C. Foster</i>
	Address <i>Clearspring, Ind.</i>
Accident or Suicide?	

Born Feb

Name
in
Full

Mrs. Isabell S. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Indian Spring^{County} WashingtonDate
of death 1906

Month 10

Day 8

Age 53-^{Years}

Months 6

Days 1

Sex Female

Color or
Race WhiteBirth-
place Ind

Occupation Housewife

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Richard Moore

Father's
Name George KerzhnerFather's
Birthplace IndMother's
Maiden Name Isabell DowlerMother's
Birthplace IndName of person giving
Information Richard MooreHow related
to deceased Husband

CAUSES OF DEATH

Primary

~~Chronic~~ Acute Peritonitis

How long

2 weeks

Immediate

Cardiac failure

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

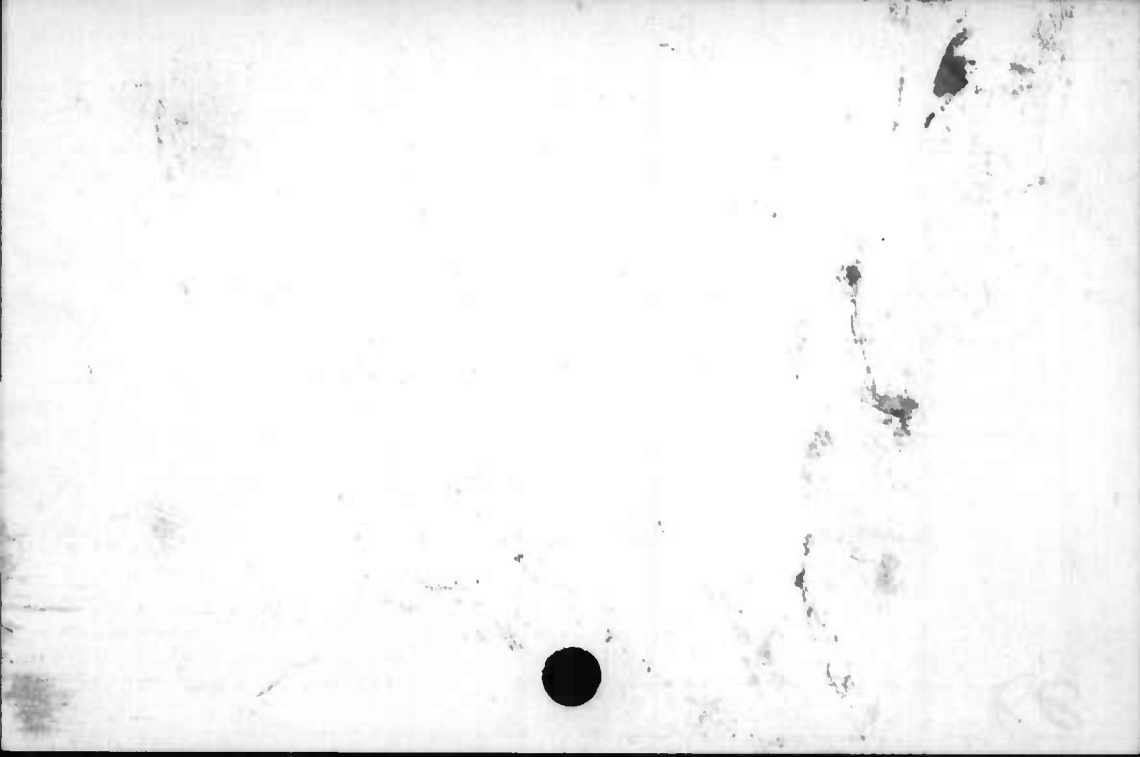
Chas. J. Mason

Address

Clearspring
me

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Victor E. Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>4</u>	Month <u>10</u>	Day <u>18</u>	Age	Years <u>1</u> Months <u>2</u> Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <u>Andrew C Morgan</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Martha A. Roberts</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Andrew Morgan</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Infection</u>	How long <u>1 month</u>
Immediate <u>Exhaustion</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M. M. M. M. M.</u>
<u>no</u>	Address <u>Hagerstown Md</u>
Accident or Suicide? <u>no</u>	

Least Green

Name

in
Full

CERTIFICATE OF DEATH

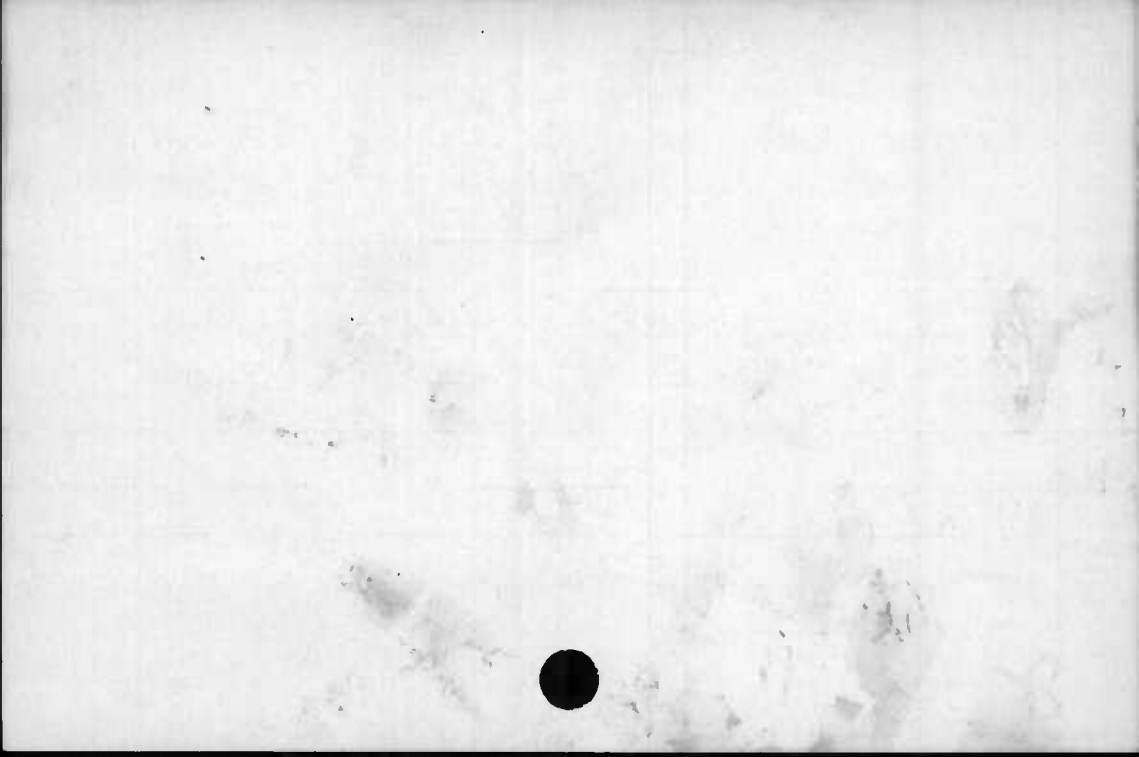
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Williamsport</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month <i>Oct</i>	Day <i>30</i>	Age	Years	Months	Days <i>0</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Williamsport</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
Father's Name		<i>Jane Williams Murry</i>				Father's Birthplace	<i>Md Williamsport</i>
Mother's Maiden Name		<i>Carrie Munemaker</i>				Mother's Birthplace	
Name of person giving In formation		<i>Jas H Murry</i>				How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still-born</i>	How long	<i>0</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>W. S. Richardson</i>	
		Address	
		<i>Williamsport Md</i>	
Accident or Suicide?			



Name
In
Full

Paul McGillem Meyer

CERTIFICATE OF DEATH

MARYLAND

Died at Shady Bower ^{Town} ^{County}Date of death 1906 ^{Month} Oct ^{Day} 6 ^{Age} ^{Years} ^{Months} 00 ^{Days} 14

Sex Male Color or Race White Birth-place Shady Bower

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Calvin Meyer

Father's Birthplace Ind

Mother's Maiden Name Fannie Miles

Mother's Birthplace "

Name of person giving information Calvin Meyer

How related to deceased Father

CAUSES OF DEATH

Primary Spina bifida 50

How long Six weeks

Immediate Cerebral meningitis

How long Forty eight hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

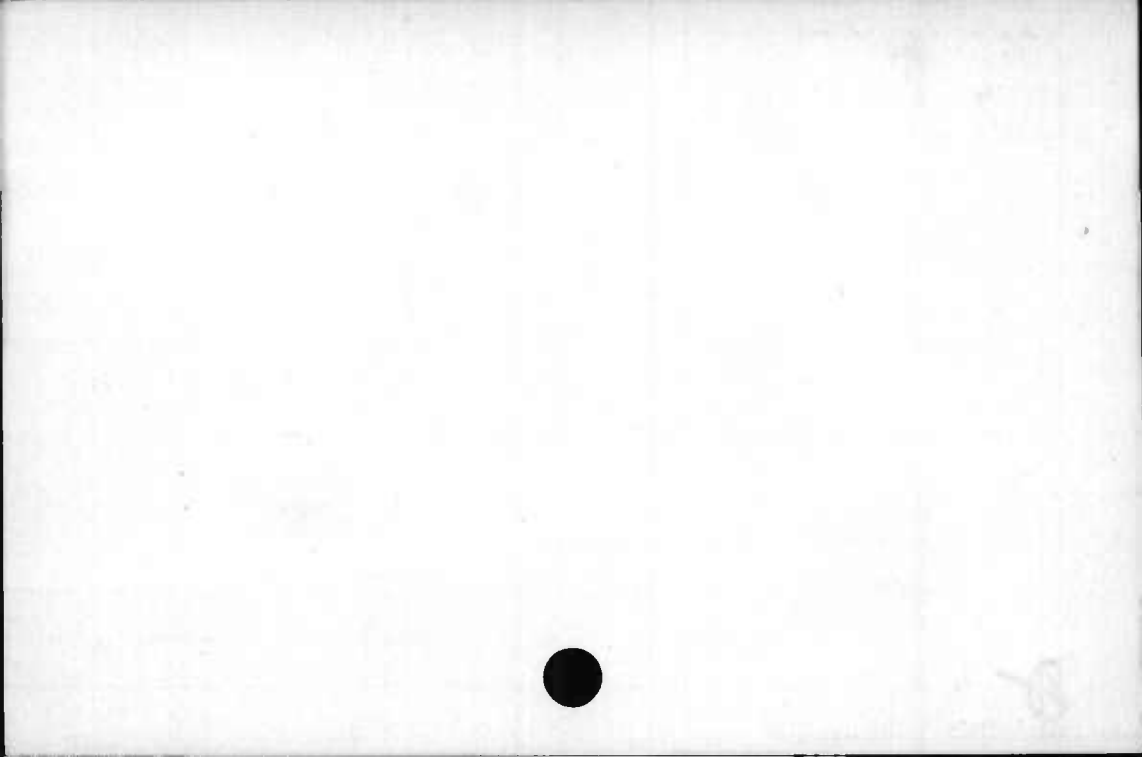
Address

Abraham Shank

Clearspring
Washington County Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Anna Josephine Newcomer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1906	Month Oct	Day 2	Age Years	Months 4	Days 4
Sex Female		Color or Race white		Birth- place McKeesport Pa			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Frank Darby Newcomer				Father's Birthplace Wmport Butte Co Pa			
Mother's Maiden Name Catherine Jane Elder				Mother's Birthplace Byones center			
Name of person giving In formation Cather Newcomer				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebrospinal Meningitis		How long
Immediate	convulsions		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Do D. T. Leshner
			Address Williamsport Md
Accident or Suicide?			

J. F. Keppo

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1906	Month	Oct	Day	25
Age	65	Years		Months	
Sex	Male	Color or Race	Colored	Birthplace	Virginia
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Malinda Gray		
Father's Name	Gabriel Nurse			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Malinda Gray			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of the Liver</i>	How long	<i>11 1/2</i> months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>E. M. Bennett,</i>	
		Address	
		<i>Sharpsburg, Md.</i>	
Accident or Suicide?			

Chas. S. Wade
Undertaker.

Name
in
Full

Helen Virginia Olphui

CERTIFICATE OF DEATH

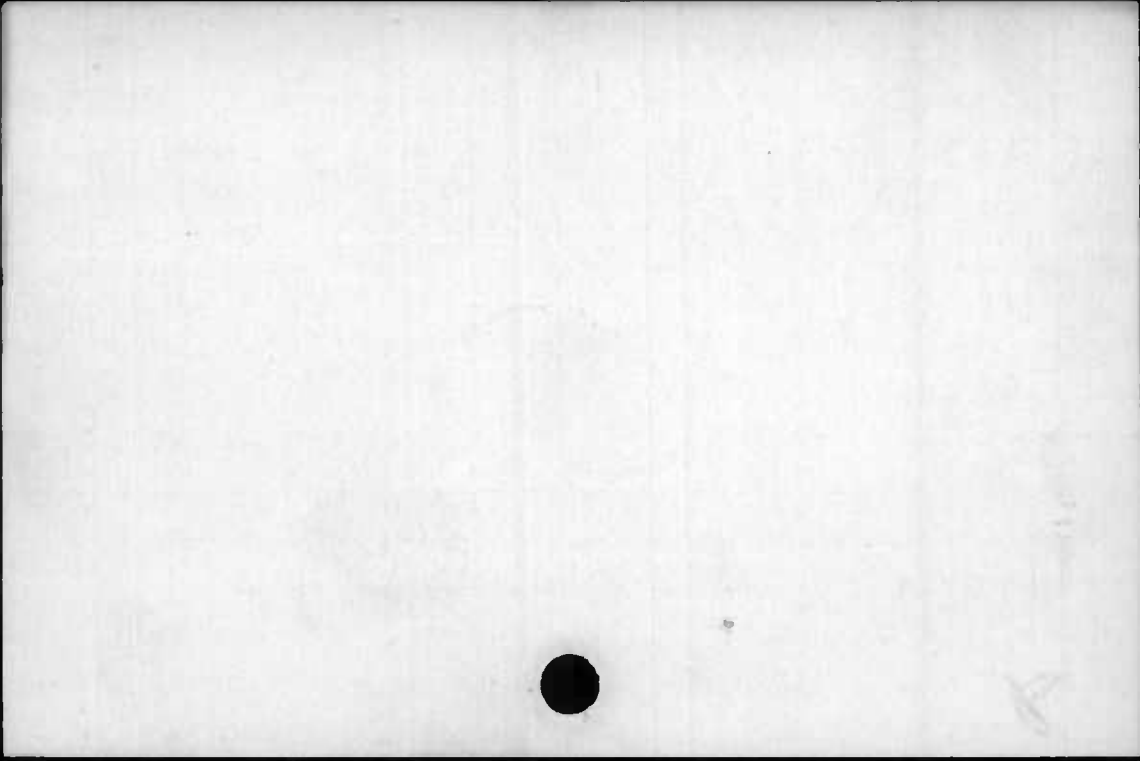
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town WilliamSPORT		County Washington		MARYLAND	
Date of death	1906	Month Oct	Day 18	Age Years	3	Months	3
Sex	Female		Color or Race	White		Birth- place	WilliamSPORT
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Wesley Olphui				Father's Birthplace	
Mother's Maiden Name		Orpha Knodle				Mother's Birthplace	
Name of person giving In formation		Maggie Sharrer				How related to deceased	
						Aunt	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	Two days
Immediate	Prostration	How long	Short time
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Ed. S. Richardson	
Address		WilliamSPORT Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Bethel Potter

Town

County

MARYLAND

Died at

Yanowsburg

Washington

Date

1906

Month

10

Day

14

Age

Years

11 1

Months

2

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Franklin Potter

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Hahn

Mother's
Birthplace

Md

Name of person giving
In formation

John Potter

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Adenitis

How long

5 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. J. Justice

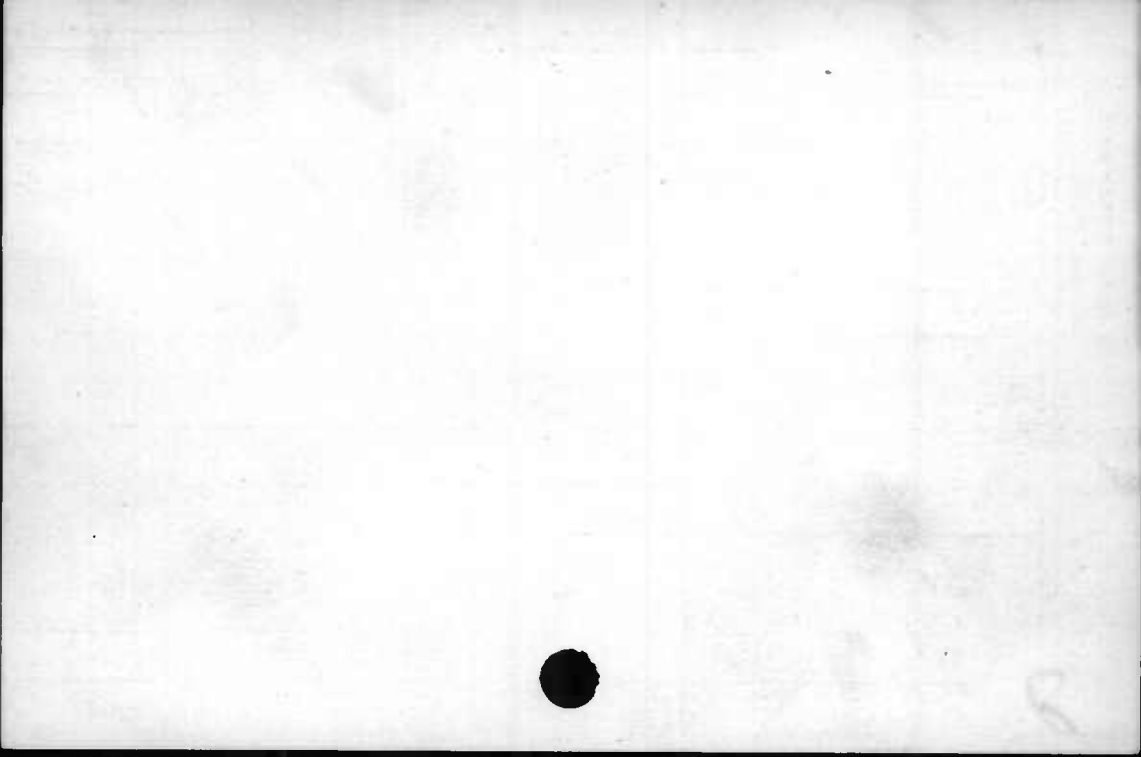
Brownsville

Md

* See following death cert

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Yanovbrug</i>		County <i>Newington</i>		MARYLAND	
Date of death	1906	Month	10	Day	11	Age	7
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Franklin Potter</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Elizabeth Hahn</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Jahn Potter</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Supposed to be Diphtheria</i>		How long	<i>5 days</i>
Immediate	_____		How long	_____
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. T. Yonita,</i>	
			Address <i>Brownsville,</i>	
			<i>Md</i>	
Accident or Suicide?				



Name
in
Full

Ezra T. Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hospital</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month	10	Day	4	Age	69
						Years	
						Months	
						Days	25
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Smokestown</i>
Occupation	<i>Shoe maker</i>			Where Residing if not at place of death		<i>Smokestown</i>	
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Emeline L.</i>			
Father's Name	<i>Hiram</i>					Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>Loydia Carr</i>					Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Chas. T. Reese</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Alcoholism; Crushed under Street Car</i>	
Immediate	<i>Shock & exhaustion</i>	How long <i>10 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yrs</i>		<i>W. Preston Miller</i>
		Address
		<i>Hagerstown</i>
		<i>and</i>
Accident or Suicide? <i>—</i>		

Smoketown

Name
in
Full

CERTIFICATE OF DEATH

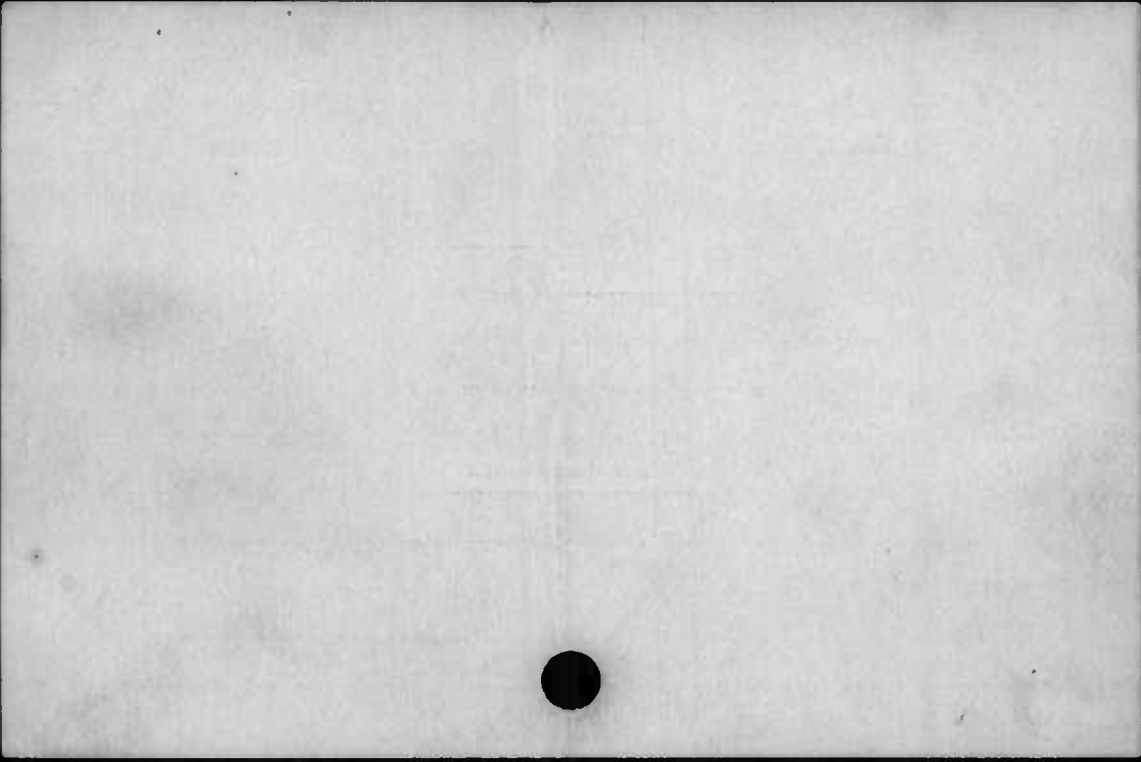
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Agnes Esthela Reynolds</i>		Town <i>Sandy Hook</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>Oct</i>		Day <i>8</i>		Years <i>1</i>	
Date of death <i>1904</i>		Months <i>4</i>		Days <i>8</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wash. Co.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>asked but not given</i>		Father's Birthplace					
Mother's Maiden Name <i>Flourine M. Reynolds</i>		Mother's Birthplace <i>Wash. Co.</i>					
Name of person giving information <i>Flourine M. Reynolds</i>		How related to deceased <i>Widow</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	(92)	How long <i>2 weeks</i>
Immediate <i>Broncho-pneumonia</i>		How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. M. Philips</i>	Address <i>Harpis Ferry Wash. D.C.</i>
Accident or Suicide? <i>8</i>		



Name
in
Full

CERTIFICATE OF DEATH

Charles M. Reynolds

Town

County

MARYLAND

Died at

Chewsville

Washington

Date

Month

Day

Years

Months

Days

of death

1906

10

31

Age

41

11

28

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Emma J. Lowery

Father's
Name

John

Reynolds

Father's
Birthplace

Md

Mother's
Maiden Name

Mary

Reynolds

Mother's
Birthplace

Md

Name of person giving
Information

Daniel Reynolds

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Intestinal Obstruction

How long

Three days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

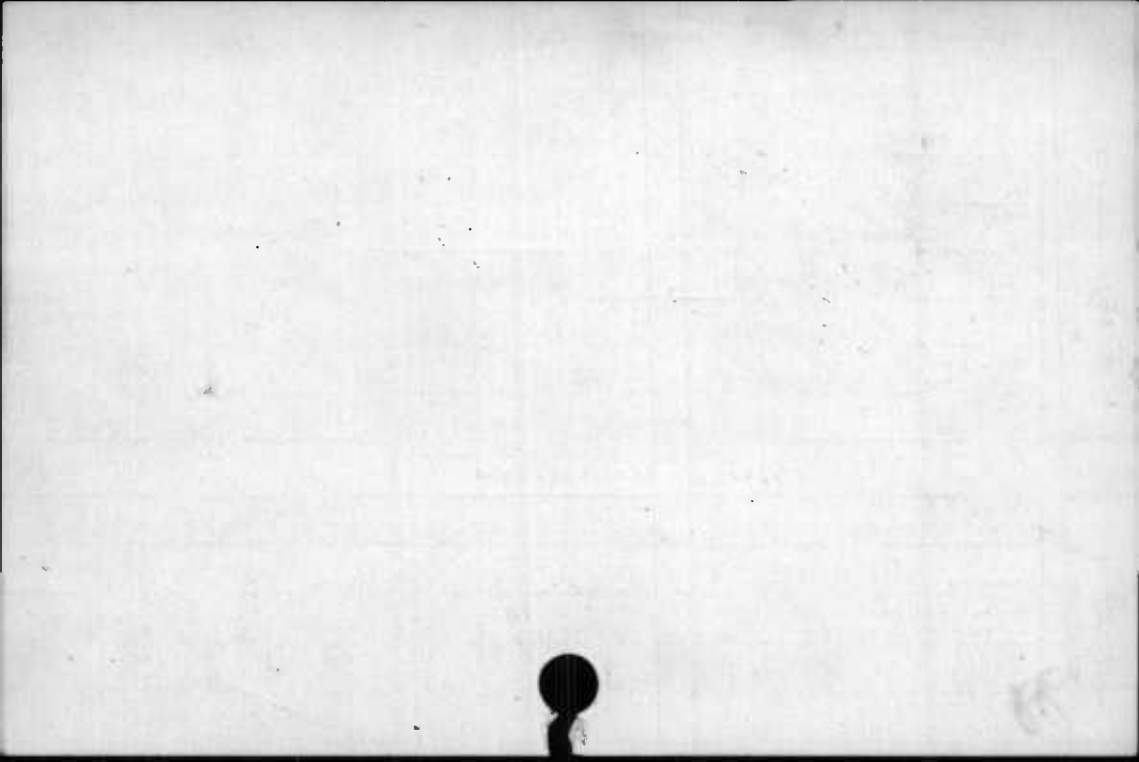
S H Munsat MD

Address

Hagerstown
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Robert R. Ridenour

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

of death 1906

Month

10

Day

31

Age

Years

22

Months

3

Days

12

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Machinist

Where Residing If not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
Husband

+ X X

Father's
Name

Hiram B Ridenour

Father's
Birthplace

Md

Mother's
Maiden Name

Lillian May Pocapel

Mother's
Birthplace

"

Name of person giving
In formation

H.B. Ridenour

How related
to deceased

father.

CAUSES OF DEATH

Primary

Pimple on nose

How long

four days

Immediate

General Septicemia

How long

four days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. E. Pittswoogle

Hagerstown

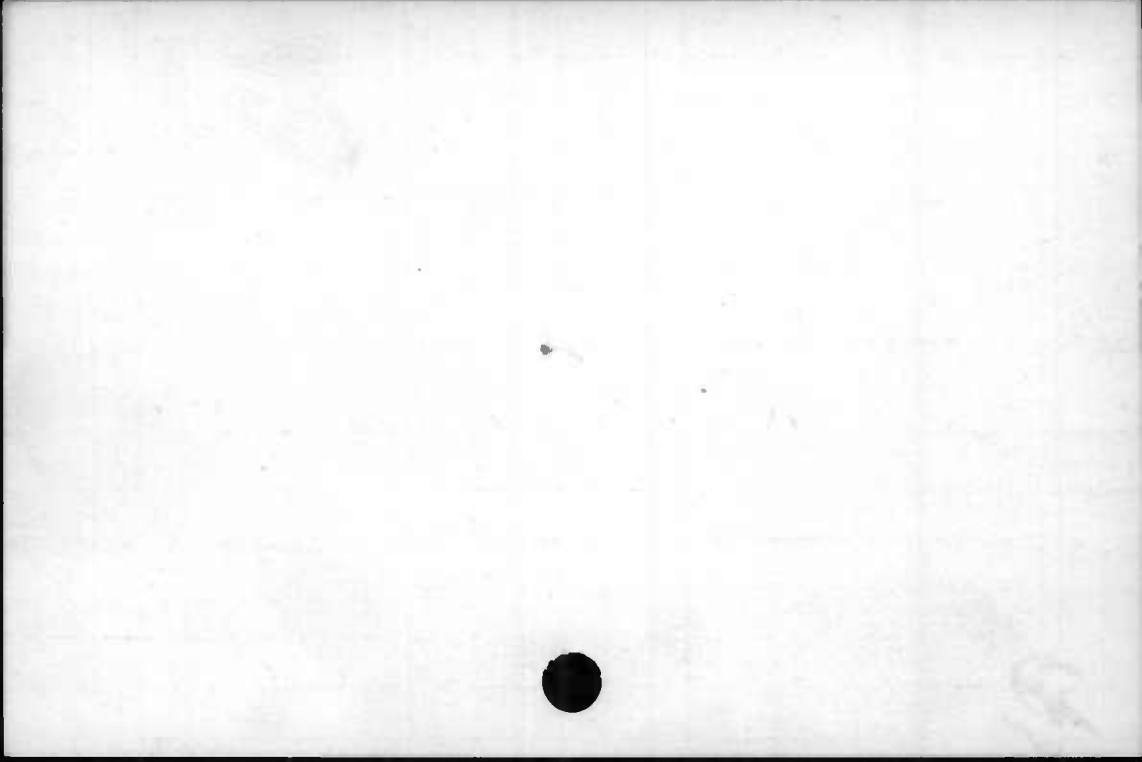
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Suter

Name in Full Clarence Rudicill		CERTIFICATE OF DEATH			
Died at Frankston		Town Washington		County MARYLAND	
Date of death 1906 Oct. 13		Month 13		Day 13	
Sex Male		Color or Race White		Age 1	
Occupation		Where Residing if not at place of death		Birth-place Frankston	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace Smithsburg	
Father's Name Shedrick Rudicill		Mother's Maiden Name Gloria Myers		Mother's Birthplace Frankston	
Name of person giving information Shedrick Rudicill		How related to deceased Father			
CAUSES OF DEATH					
Primary		How long			
Immediate Miscellaneous		How long 6 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. J. Townsend		Address Frankston	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George S. Semmitt</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>10</i>		Day <i>1</i>		Age <i>5-9</i>	
Date of death <i>1906</i>		Months <i>6</i>		Years		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Pennal.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Frances W. Semmitt</i>					
Father's Name <i>Not Known</i>		Father's Birthplace					
Mother's Maiden Name <i>"</i>		Mother's Birthplace					
Name of person giving information <i>Frances W. Semmitt</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

Primary <i>Cerebral apoplexy</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Richard D. Miller, Jr.</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>no</i>	

Sabillasville,
Frederick County.

G. M. Lister & Son

Name
in
Full

David Shull

CERTIFICATE OF DEATH

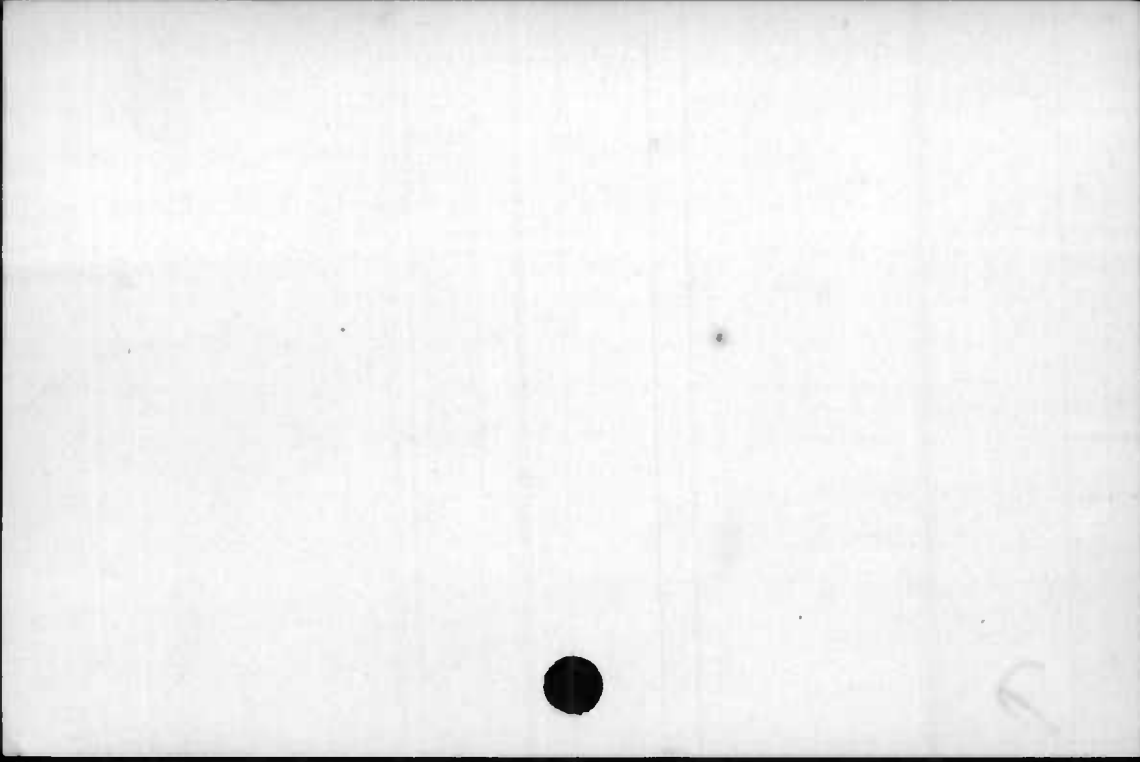
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		10	21	67	1	18	
Sex		Color or Race		Birth-place			
Male		White		Virginia			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
David Shull		Daynesboro Pa					
Mother's Maiden Name		Mother's Birthplace					
Sarah Shou		Virginia					
Name of person giving information		How related to deceased					
Robert Shull		Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Gastro Enteritis	How long	2 yrs
Immediate	Debility	How long	6 mos
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		V.M. Reichard	
Address		Fairplay.	
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ryeertown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>10</i>	Day <i>13</i>	Age <i>32</i>	Years <i>2</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>House work</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Christian Shubb</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Mary J. Shubb</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Christian Shubb</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos Doose</i>
	Address <i>Wagertown,</i>
Accident or Suicide? <i>✓</i>	

Rose Hill

Name
in
Full

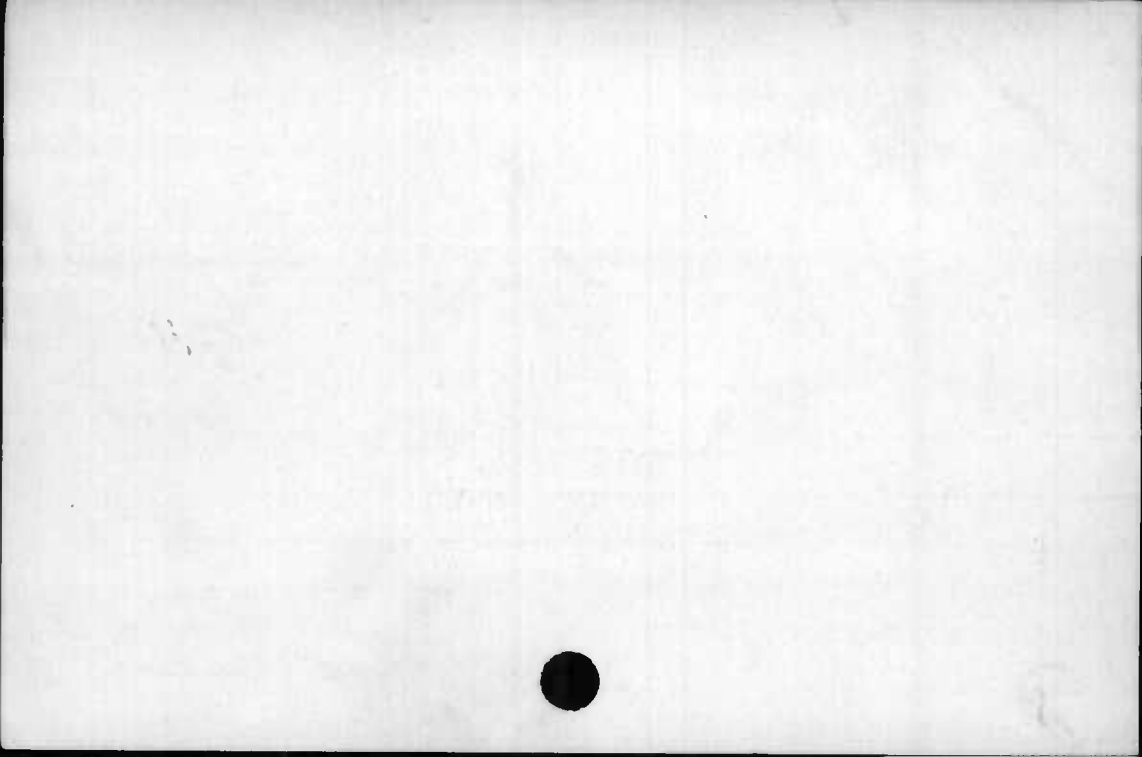
CERTIFICATE OF DEATH

MARYLAND

Died at *Lottie Bell Skelton* Town *Fairplay* County *Wash*Date of death *1904* Month *10* Day *28* Age *16* Years Months *6* Days *—*Sex *Female* Color or Race *White* Birthplace *Virginia*Occupation *—* Where Residing if not at place of death *Fairplay Md.*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Wilber Skelton* Father's Birthplace *Virginia*Mother's Maiden Name *Mary B. Davis* Mother's Birthplace *Virginia*Name of person giving information *Wilmer Skelton* How related to deceased *Father*

CAUSES OF DEATH

Primary *Dry Burn of back & arms* How long *8 weeks*
Sepsis due to Necrosis of jaw How long *6 weeks*
ImmediateAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W.M. Reichard*Address *Fairplay*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



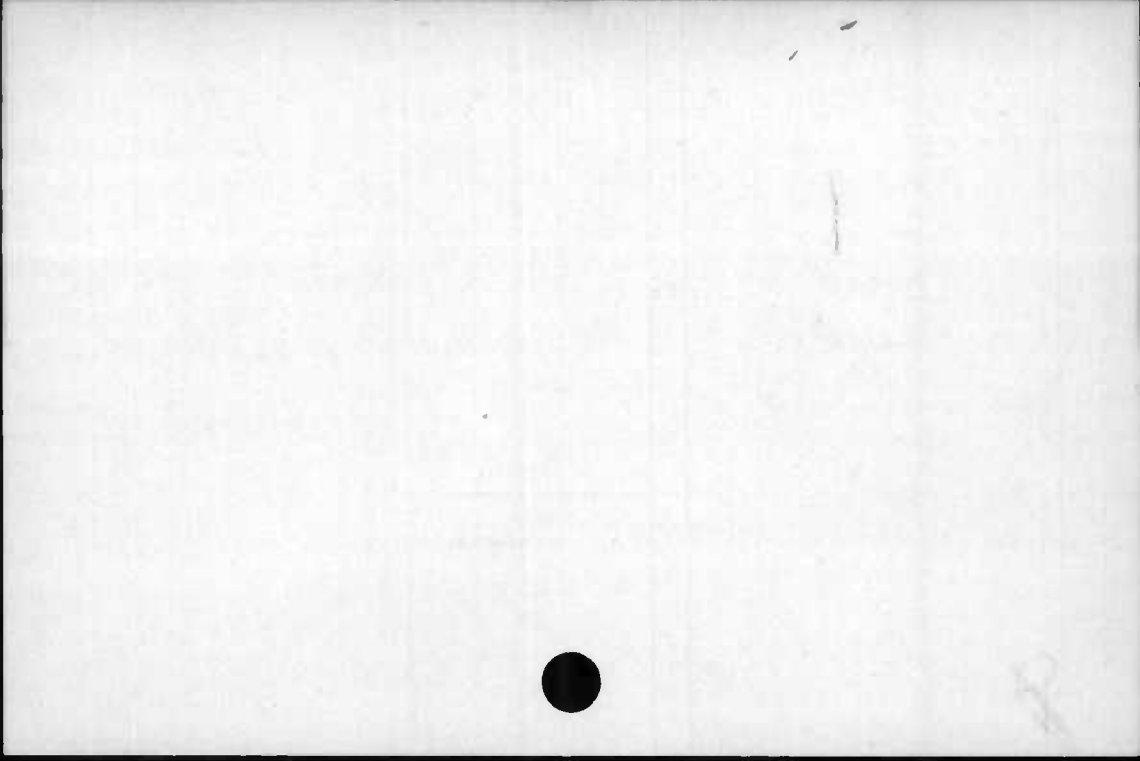
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full W. H. G. Smith		No. 24,		CERTIFICATE OF DEATH	
Died at Hagerstown		Town Washington Co.		County MARYLAND	
Date of death 1906		Month 10	Day 16	Age 30	Years 10
Sex Male	Color or Race White	Birth-place New Market			
Occupation Painter		Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Susie Smith				
Father's Name Geo. M. Smith	Father's Birthplace New Market		Mother's Birthplace " "		
Mother's Maiden Name Sarah A. Gallicoffer	How related to deceased Father		Name of person giving information Geo. M. Smith		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	(93)	How long 10 days
Immediate Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Nesher D. Miller Jr. M.D.	
	Address Hagerstown	
<input checked="" type="checkbox"/> Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baguabon</i>		Town <i>Washington</i>		County		MAYLAND	
Date of death	1906	Month	10	Day	16	Age	3d
Sex	Male		Color or Race	White		Birth-place	New Market Md
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mrt Kuoan			
Father's Name	George M Smith					Father's Birthplace	Md
Mother's Maiden Name	Jollicoffer					Mother's Birthplace	Md
Name of person giving information	W E Halverson					How related to deceased	Not related

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Victor D. Miller Jr.</i>
		Address	<i>Baguabon</i>
Accident or Suicide?	<i>No</i>		



Name
In
Full

Israel M^cKirley Sollenberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>10</u> <small>Month</small>	<u>24</u> <small>Day</small>	<u>7</u> <small>Years</small>	<u>-</u> <small>Months</small>	<u>-</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>ind</u>		
Occupation <u>Child</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>David B Sollenberger</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Elizabeth Leshner</u>	Mother's Birthplace <u>Pa</u>				
Name of person giving information <u>David Sollenberger</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Myocarditis</u>	<u>79</u> <small>How long</small>
Immediate	<u>How long</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. P. Stauffer
27

Accident or Suicide?

Rose Hill

Name

in
Full

CERTIFICATE OF DEATH

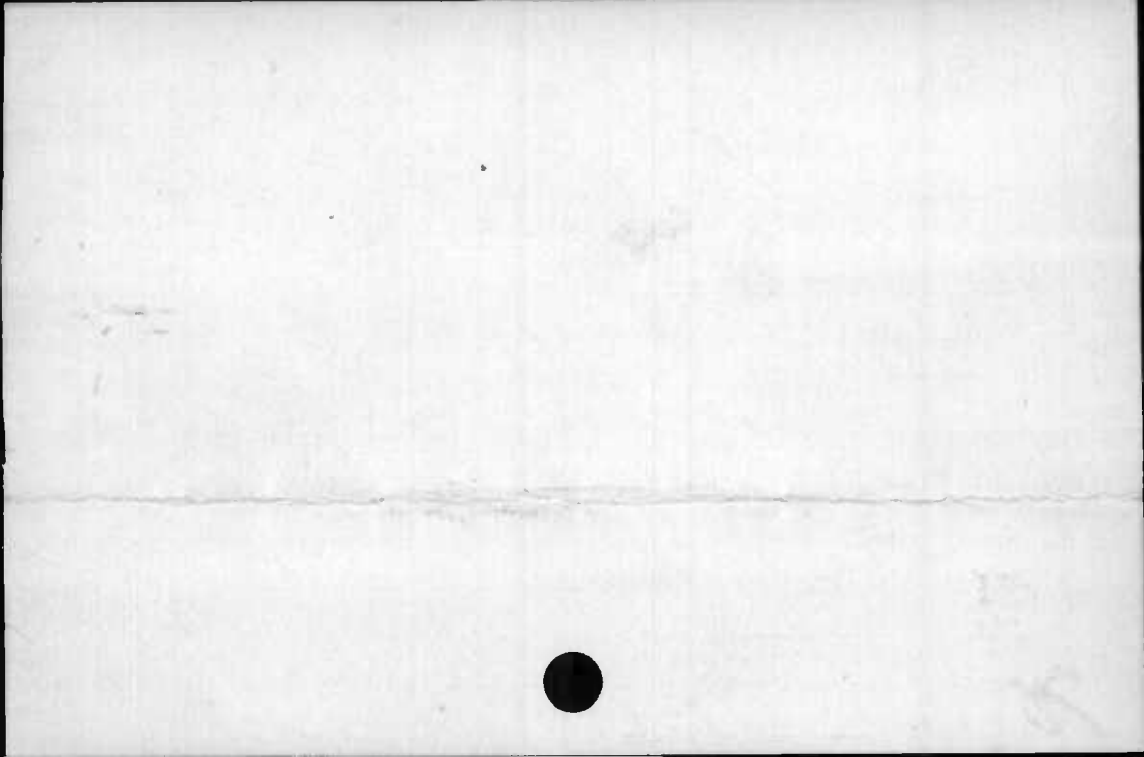
TO BE ANSWERED BY
NEAREST FRIEND

Infant Stouffer		Town		County		MARYLAND	
Died at		Leaver Creek		Washington			
Date of death		1904	Month	Oct	Day	25	Age
				Years		Months	Days
				14			
Sex		Color or Race		Birth-place		Maryland	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Elmer Stouffer		Father's Birthplace		Maryland	
Mother's Maiden Name		Judy Drown		Mother's Birthplace		Maryland	
Name of person giving information		John Drown		How related to deceased		Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Impaired Blood supply from heart-ans.	How long	36 weeks
Immediate	Want of Oxygenation	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Dr. S. Davis	
	Address	Barnaborn	
Accident or Suicide?			



Name
in
Full

Ellis Stouffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1906	Month	10	Day	14
Sex	Male	Color or Race	White	Age	Years - Months 2 Days -
Occupation	Child		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Frank Stouffer			Father's Birthplace	Ind
Mother's Maiden Name	Elizabeth McKee			Mother's Birthplace	Ind
Name of person giving information	John Stouffer			How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(179)		How long
Immediate	Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		A. H. Hoffman	Undertaker
			Hagerstown
Accident or Suicide?			

~~manor~~

manor

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name *Daniel Stover* County *Wash.* Maryland

Died *near Clearspring* Town *Clearspring* County *Wash.*

Date of death *1906 Oct 16* Age *62* Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *W.D.*

Occupation *Retired Merchant* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife *Fannie G. Stover*

Father's Name *Daniel Stover* Father's Birthplace *W.D.*

Mother's Maiden Name *Prudence Frank* Mother's Birthplace *—*

Name of person giving information *James B. Trephes* How related to deceased *nephew*

CAUSES OF DEATH

Primary

How long

Immediate

How long

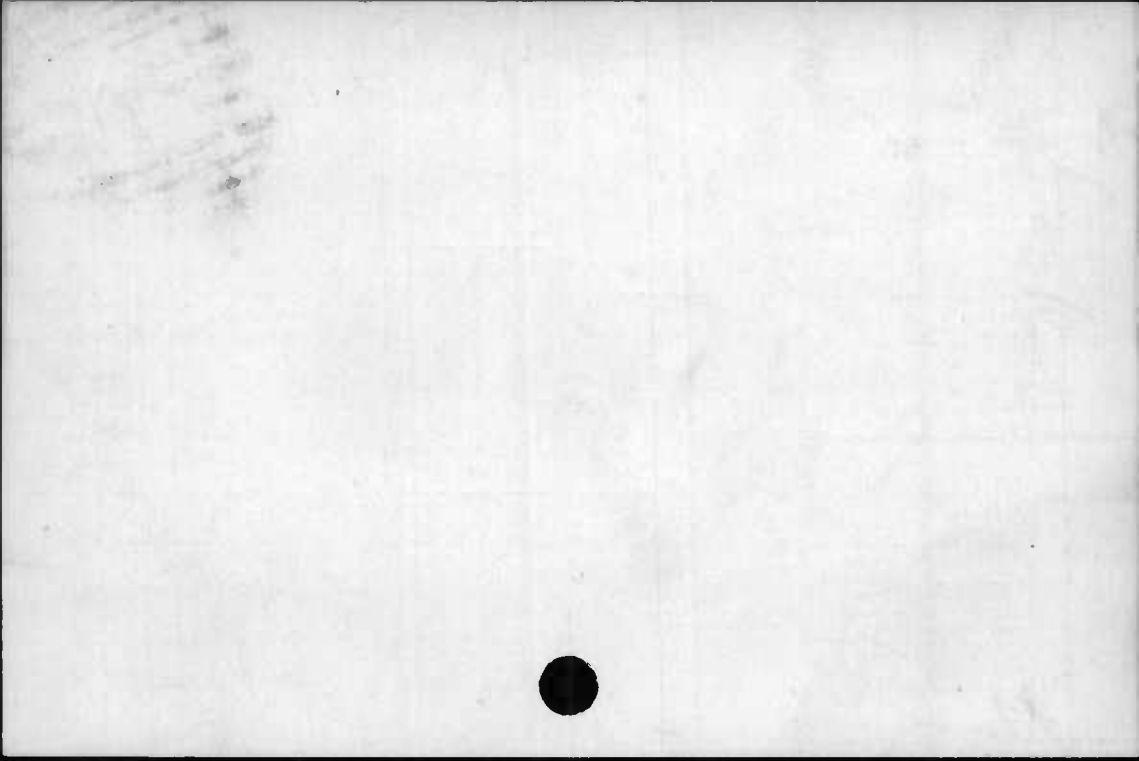
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

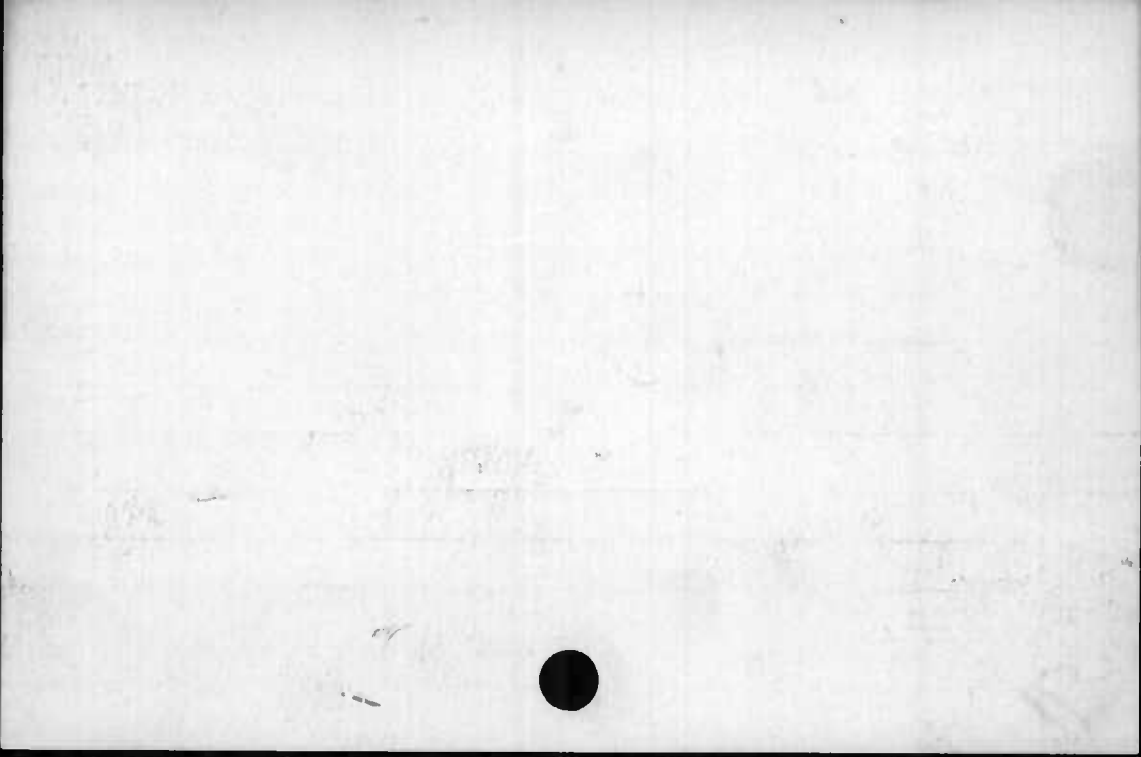
Address

Accident or Suicide?

PHYSICIAN
OR CORONER

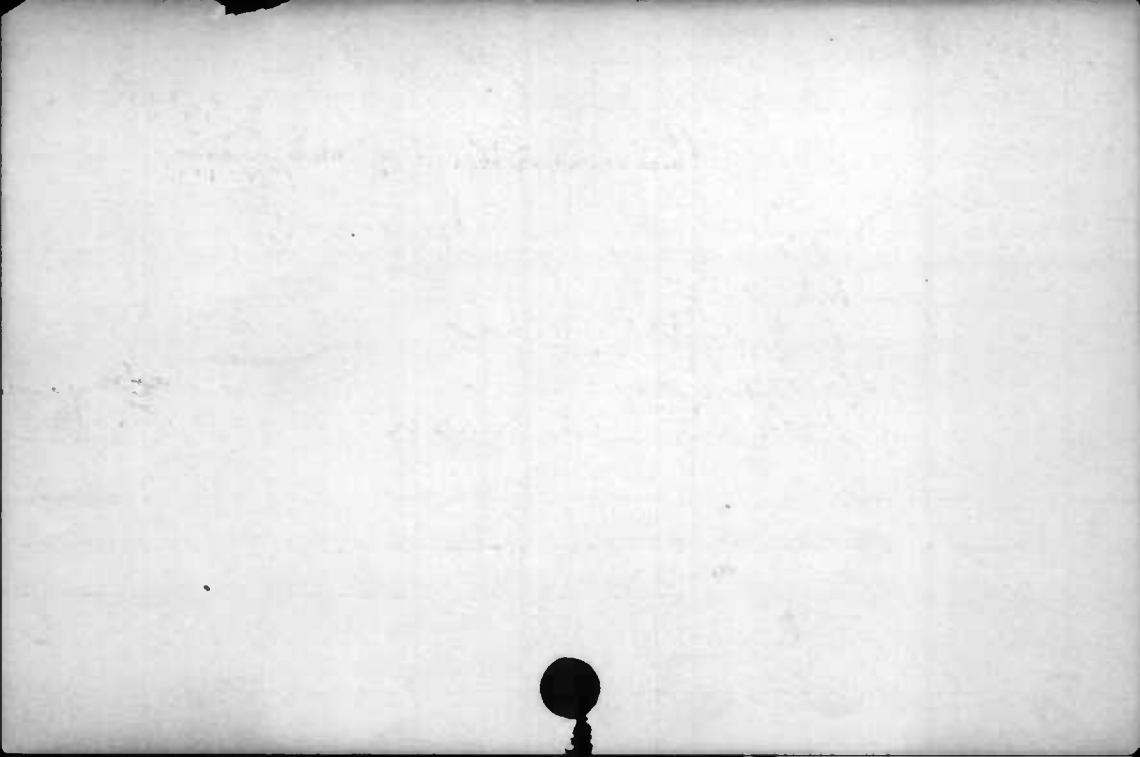


Name in Full		Herman Cleveland Straley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Kemp Mill		Washtington		MARYLAND	
	Date of death	1906	Oct	5	Age	8	9 mo
	Sex	Male		Color or Race	White	Birth- place	Millersport
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	J. H. Straley				Father's Birthplace	Montgomery, Pa.
PHYSICIAN OR CORONER	Mother's Maiden Name	Mary S. Clark				Mother's Birthplace	" "
	Name of person giving In formation	J. H. Straley				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Mierasmus				How long	8 mo
	Immediate	Heart failure				How long	One week
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		
					Address		
					J. M. Webb Millersport Ind		
		Accident or Suicide?					



Name in Full Margaret Ellen Thomas		CERTIFICATE OF DEATH	
Died at War ^{Town} Radysville ^{County} Washington		MARYLAND	
Date of death 190 6	Month 10	Day 16	Age 57 ^{Years} 1 ^{Months} 0 ^{Days}
Sex Female	Color or Race Colored	Birthplace Antietam	
Married, Single or Widowed Single	Occupation House Wife		
Name of Wife or Husband Alfred Thomas			
Father's Name John Crutcher		Father's Birthplace Don't Know	
Mother's Maiden Name Mary Patterson		Mother's Birthplace Antietam	
Name of person giving Information Daniel Calaman		How related to deceased Son in law	

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	General Debility	How long 40
	Immediate	Angina Pectoris	How long A short time
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. H. Gougeon
			Address Sharpsburg Md
Accident or Suicide?			



Name in Full		Certificate of Death			
Alice May Warren Felty		MARYLAND			
Died at <i>Shuette</i>		County <i>Washington</i>			
Date of death <i>1906</i>		Month <i>10</i>		Day <i>14</i>	
Age <i>28</i>		Years		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ind.</i>	
Occupation <i>House work</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Warren Felty</i>			
Father's Name <i>Samuel Dutton</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Elysa Adams</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>John Warren Felty</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH					
Primary <i>uraemia</i>		How long <i>(?)</i>			
Immediate <i>acute indigestion</i>		How long <i>12 hours</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor Miller</i>			
		Address <i>Hopkinsville, Ind.</i>			
Accident or Suicide? <i>no</i>					

my assle

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death

1906

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

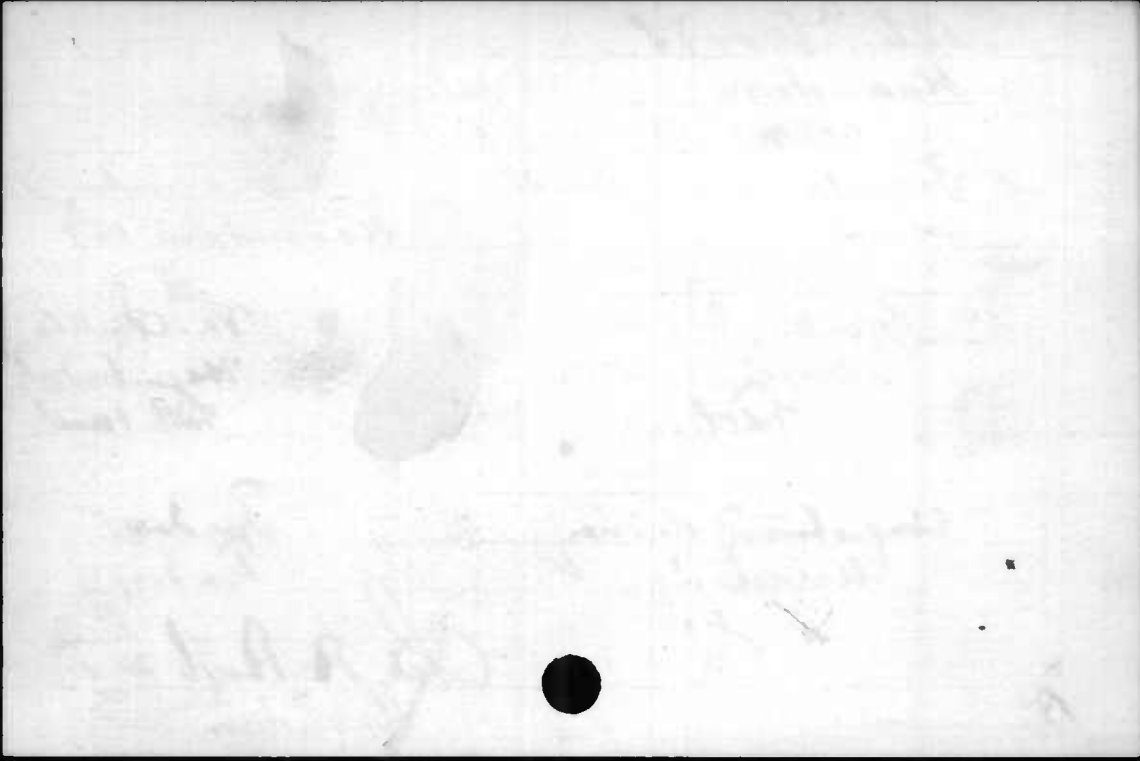
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
In
Full

Cath. Woods

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190	Month	October	Day	13
Age	5	Years		Months	
Sex	Female	Color or Race	Dark	Birth-place	Hanover Pa.
Occupation	Chlor	Where Residing if not at place of death		Hagerstown Md	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Frank Gordon		Father's Birthplace Va - Clark Co	
Mother's Maiden Name		Daisy Gordon		Mother's Birthplace Hagerstown Md	
Name of person giving information		Father		How related to deceased Father & Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congestive Heart Failure	How long	12 days
Immediate	Unseen	How long	12 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		Chas. A. Ayler M.D. Hagerstown Md	
Accident or Suicide?			

Red Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob H. Zook

Town *Hagerstown* County *Wash* MARYLAND

Died at *Hagerstown*

Date of death 1906 Month *10* Day *12* Age *71* Years Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *Ind.*

Occupation *Night Watchman* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife *Katie Zook* Husband

Father's Name *Not Known* Father's Birthplace *—*

Mother's Maiden Name *" "* Mother's Birthplace *—*

Name of person giving information *E. A. Zook* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *5 days*

Immediate *Heart failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Daniel C. Watkins* Address *Hagerstown Ind*

Accident or Suicide? ☒

